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A NEW and GENERAL  
SYSTEM  
OF  
MIDWIFERY.

IN FOUR PARTS.

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*Physician & Man Midwife to the Middlesex Hospital*



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THE THIRD EDITION.

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Rite maturos aperire partus

Lenis Ilithyia, tuere Matres :

Sive tu Lucina probas Vocari.

Seu Genitalis.

Diva producas Sobolem —

Hor.

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MDCCLIII.





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## INTRODUCTION.

**M**IDWIFRY is the most noble and useful Operation of Surgery, since the most endearing Part of Mankind, by this most valuable Art, is often, as it were, snatch'd from the Jaws of Death.

The Subjects of this Operation are, *first*, the most beautiful as well as most valuable Part of the Creation, given us by Providence to heighten our Happiness and alleviate our Grievs, and who, at all times, deserve our Protection ; but more especially at this critical Juncture,

B

ture,

ture, when the Time of their greatest Danger approaches.

And *next*, the pleasing Burthen they bear, which, when delivered of, they forget the exquisite Pains they have sustained, for Joy that a Child is born into the World ; and which is so very dear to all, that they look on themselves as immortal, when they view themselves in their Posterity.

The great Benefit and Advantage resulting from the due Practice of this Art, was the first and principal Consideration that engaged me in the Study of it. To which I applied myself very early in Life ; and in the Years 1737 and 38, I practised in *London*, under the Inspection of that ingenious Operator Mr. *Chapman*.

Mr.

Mr. *Chapman* was a Person of great Knowledge in his Profession, of which his Treatise on this Subject is sufficient Evidence. But as his Knowledge was entirely gained by Practice, so I think in several material Points he was rather too partial to his own Opinion, dissenting from the judicious *Daventer* in some things, without giving sufficient Reasons.

He likewise often quotes Dr. *Mowbray*; whereas if he had read both those Authors with Attention, he would soon have found, that *Mowbray*, in that Part of his Book, where he treats of the Operations of Midwifery, was only a Translator of *Daventer*. I think that Gentleman, if he had published a Translation of this Author, with Notes, as Dr. *Chamberlain* has of *Mauriceau*, and



omitted his Philosophy, with some other things, that his Treatise would have been much better received.

Mr. *Chapman* was also, I think, rather too fond of the Use of the Forceps, on account of his having made some Improvements in that Instrument ; and notwithstanding those Improvements, though with great Care and Caution, it might be used with Safety, yet, on account of the Largeness of it, could not be introduced without giving the Patient considerable Pain. Indeed the lessening of that Instrument has rendered it much more commodious, and it may be used with greater Ease to the Patient. And I am of Opinion, if there be an absolute Necessity, that, as now improved, it is equal to any other Invention.

Mr.

Mr. *Chapman* indeed asserts, that the Method Dr. *Chamberlain*, his Father, and two Brothers practised by, was the Forceps. But if the Doctor's own Account be to be credited, it is impossible it could be the Forceps, because he applies it to Cases where no Instrument can be used, and he himself calls it a manual Operation.

If indeed there was any thing extraordinary in their Practice, I think, it must rather be the Method of turning Children, and bringing them by the Feet, which was at that time not so much known; but the barbarous Custom of drawing out living Children with the Crotchet, was then the general Practice, which it is hoped is now entirely laid aside.

If Deliveries can be performed by the Hand, without the Use of Instruments, it is much the safest. The only Case where the Forceps can be used, is when the Head of the Infant lies very low in the Vagina, and sticks there. For many Years I made use of the Forceps, but for some time past I have delivered with my Hands alone, by forcing back with one of them the Os Coccygis, and bringing down the Head; and when that is brought very low, to apply the other Hand upon the Head, and press that gently down, in the Manner which I have in the Body of this Book more fully directed.

This Method is also recommended by *Daventer*, and Dr. *Heister*. Since which I have not once had Occasion to make Use of this Instrument.



strument ; and am entirely of Opinion, that this Method will generally succeed, if the Woman be not kept too long before the Operator is sent for.

I have omitted giving a Description of the Parts of Generation, as likewise Figures representing the various Positions of a Fœtus in Utero ; because I think, that no Persons should presume to take on themselves this difficult Practice, without a due Knowledge of the Parts from Anatomy itself ; otherwise they will go about their Business with the greatest Uncertainty, and will never clearly know what they are doing.

The Bones which compose the Pelvis, and the various Forms of that, the Situation of the Parts in it, as the Uterus, the Vesica Urinaria,

ria, the Intestinum rectum, and the Vagina; these Parts must be clearly and distinctly known, as well in respect to their Situation as their Connexion with each other. And as to Figures, I cannot see the great Use they are of, as it is not by the Sight, but by the Feel, that the Parts are to be distinguished from each other, as well as the Situation of the Womb, and the Position of the Infant in it. Persons may imagine what they please, but this is no easy Task, and can only be performed by a Hand well experienced in these Matters. When a Woman first complains, to know by the Touch whether it will be her Labour or not, to be able to form a Judgment of the Make of the Pelvis, to distinguish the Parts truly from each other, and the Situation of the Womb, and the Infant in it; to be able, I say, nicely

ly to judge of these Matters is a chief Part of the Art of Midwifery.

Treatises of Midwifery are of great Service in improving young Practitioners, but they cannot make them perfect, without some previous Knowledge from Anatomy, by which the Structure of the Parts must be discovered, and clearly known. As there are ingenious Gentlemen who instruct Pupils in this Art, and prepare them for the Practice by all the Knowledge necessary to enter upon it, so they who undertake it without a proper Theory must be without Excuse. As I have the Honour of being well acquainted with that sagacious and good Man Sir *Richard Manningham*, whose true Merit can never be sufficiently described, and under whose Directions I put myself for further Improve-



provement, in the Year 1747, I can of my own Knowledge recommend, and I think no Persons who intend to follow this Practice, can do better than apply themselves to him for his Instructions.

That I might render this Treatise as useful as possible, I have with great Pains and Study consulted all the Authors that have professedly wrote upon this Subject, and have endeavoured to separate the Gold from the Dross. Where I find eminent Authors differ in their Sentiments, I have shewn which Opinion I prefer, with my Reasons for it, and at the same time have given the Arguments on both Sides the Question. I have taken notice of several Things which no Author has mentioned; and others, that Writers treat of very obscurely, I have more  
I
fully

fully explained. Several Years Practice has enabled me to make these Observations; so that I have asserted nothing but what is agreeable to Reason, and confirmed to me by Experience.

If Midwives will attentively read this Treatise, I hope it will be of great Service to them in regulating their Practice, as well as making them sensible what is their proper Business, and what not. I have always observed, that the more Knowledge they have, the readier they are to send for timely Assistance, in Cases of Danger: For it must be the greatest Ignorance that occasions them to keep Women under their Hands many Hours, by giving them fallacious Hopes, when they perhaps have it not in their Power to give them the least Assistance,

ance. A Child in a bad Position, an Obliquity of the Womb, Floodings, Pains ceasing; in these Cases, or such like, no Time should be lost, but superior Assistance immediately called in.

As to poor People, I have always hastened to them in the same manner as I would to the rich; nor have ever in my Life let a Woman lie in Pain a Moment to secure my Reward; for I think the Satisfaction of doing Good is preferable to any other Consideration. And I have Confidence in my Brethren, that they are of the same Sentiments. I was much pleased with an uncommon Piece of Generosity the other Day, in a neighbouring Parish †, where I had delivered two poor Women in very difficult Cases. On

† *Isleworth.*

being



being informed how ready I was to assist them, when they met at their Vestry, they ordered me a handsome Fee, and made an Order, that I should always be sent for to their Poor in difficult Cases ; and a Premium settled for each Delivery. I mention this, as I think it redounds much to the Honour of the Gentlemen in that Parish, and as an Example worthy of Imitation.

My Intention is not to offend any one, but only to give my Thoughts freely on the Subject of this important Practice. I have not adhered to any particular Person's Sentiments, but always have made it a Rule, to embrace Truth wherever I could find it.

Every Person is at Liberty to give his Opinion on any Subject, and it

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is the only Way to have Knowledge propagated in every Art. And I think where a Person has taken more than ordinary Pains in any particular Science, that the Public has a Right to demand his Account of it.

CHAP.

C H A P. I.

Of C O N C E P T I O N.

**T**HE great God of Nature, to supply the Defect of Mortality which Man is subject to, has given a mutual Desire to the two Sexes to propagate their like, as well as Power, by Parts most admirably contrived by his stupendous Wisdom.

Conception is caused by the spir-<sup>Concep-</sup>  
rituous Part of the Semen Virile im-<sup>tion,</sup>  
pregnating the Ova of Women in <sup>what.</sup>  
Copulation, which being conveyed  
through the Fallopian Tubes into  
the Uterus, where adhering to its  
Fundus, are nourished till they  
come



come to Maturity, unless by some Accident Nature expels them sooner.

Of two  
Kinds.

There are two Kinds of Conception ; the one where there is a Fœtus in the Womb, which is called true ; the other where there is a fleshy Substance, which is called a Mole, or any other strange Body, from the morbid State of the Uterus, which is termed false.

CHAP.

## C H A P. II.

## Of the Signs of CONCEPTION.

**T**HE first Symptom which Women generally take Notice of, <sup>Signs of Conception,</sup> and from which they date the Time of their Reckoning, is the Suppression of the Menfes. If this happens without catching Cold, or any other Distemper, it is a certain Sign of Pregnancy, except in plethoric Constitutions, when the Menfes often continue some Months after Conception.

A Nausea and Vomiting; a Longing after unwholsome Food; a Weariness and Sleepiness, with a Heaviness of the whole Body; an  
C Uneasi-

Uneasiness and Commotions in the Abdomen ; a Swelling and Hardness of the Breasts, the Nipples becoming large and dark coloured, with livid Circles round them ; the Belly growing larger, with an Elevation of the Navel ; the Motion of the Fœtus perceptible about the fourth Month.

The most certain Sign of all is, when by the Touch, the Mouth of the Womb is found exactly close, and the Motion of the Fœtus is perceived. When a Woman has conceived, most of these Signs will appear at their proper Time.



## C H A P. III.

Of the Disorders of PREGNANT  
WOMEN.

**A**S various Symptoms are the Consequence of Conception, so a Woman, during the time of her Pregnancy, is to be considered as a sick Person. When a Woman who has conceived is attacked with any Distemper which has no Affinity to Pregnancy, it is, if possible, to be cured before Delivery ; Regard being had to the Condition of the Patient : Contrary to the Opinion of many, who would persuade Women, that Delivery will cure them, let the Distemper be what it will. But this is found by Experience

rience to be bad Advice, and is often attended with fatal Consequences.

Vomit-  
ing and  
Nausea.

Causes.

A Vomiting and Nausea are generally the first Symptoms that appear after the Suppression of the Menfes; which are occasioned by the Growth of the Fœtus, when it compresses the Nerves of the Uterus; which having a Communication with those of the Stomach, occasion these Complaints, as well as from a Fulness of the Blood Vessels, by the Stoppage of the Menfes. This Disorder of Vomiting is not dangerous if not very violent, and does not continue longer than the third or fourth Month : But if it continue with any Violence after that Time, there is Danger of Abortion. The Food should be light and easy of Digestion, and eat in small Quantities

tities and often. If this Sympmtom is very violent, *Extrahatur Sanguis é Brachio ad 3viii.* If inclinable to Cure. be costive give a lenient Glyster. The following Draughts may be of Use.

R̄ *Aq. Menthe S.* 3vj. *Sal Absinth.* gr. xv.  
*Suc. Limon.* 3ij. *Elix. Vitriol. Acid.* gt. vj.  
*Spir. Menthe Tinct. Aromat.* āā 3ß. *Syr. Limon.* 3ij. *M. f. Haustus sumend.* 6tā quāque borā.

Mint Water supped often warm, sweetned with fine Sugar, is usually of Service.

A Cough is frequently very troublesome in Pregnancy; and, if it continue long and be violent, will endanger Abortion. It is occasioned partly by the Viscidity of the Blood, and partly by the Pressure of the Uterus on the Diaphragm

A Cough

Causes.



and Lungs ; and on that Account is frequently attended with a Difficulty of Respiration.

**Cure.**

*Extrahatur Sanguis è Brachio ad ʒ viij. vel ʒ x.  
 & Phlebotomia rept. pro re natâ.*

*R Decoct. Hordei ʒ iiij. Mannæ ʒj. Spt. Lavend. C. ʒ ij. Spt. Nit. d. ʒ j. M. f. Haustus sumend. manè, & rep. bis in 7manâ.*

*R Ol. Amygd. d. ʒ ij. Syr. Balsam. Althæ, Papav. Errat. āā ʒ vj. Sp. Ceti (solut. in Vitello Ovi q. s.) ʒ iiij. Conf. Cynos ʒ ij. M. f. Linctus Cochlear. Larg. sumend. Urgente Tussi, cum Haustul. Apozem. Pectoral. sequent. tepidè.*

*R Decoct. Pectoral. lb jß. Aq. Nepbrit. C. ʒ ij. Spt. Nit. d. ʒ ij. Syr. Balsam. ʒ i. M. f. Apozema Cochlear. vi sumend. saepe, & post Linct. Pectoral.*

*Vel R Aq. Cinnam. S. ʒ j. Ol. Amygd. d. ʒ iiij. Spt. Volat. Arom. gt. xij. Syr. Balsam. ʒ ij. M. f. Haustus sumend. 6tâ vel 8vâ quâque horâ.*

If the Cough be very violent when going to Rest, a gentle An-

Anodyn may be given with the Pectorals, especially if a gentle Purge has been administred.

When a Woman longs for any <sup>Long-</sup> Thing in particular, she presently <sup>ings.</sup> shews it by being restless, dejected, and uneasy. And whatever it is she desires, it ought to be procured for her as soon as possible, which effects the Cure.

It sometimes happens, that preg- <sup>The con-</sup> nant Women shall have a Discharge <sup>tinuance</sup> of the <sup>of the</sup> Menses, till the fourth or <sup>Men-</sup> fifth Month, and sometimes longer. <sup>strual</sup> <sup>Flux.</sup> This generally happens when they <sup>Causes.</sup> are of a plethoric Habit, or from a Weakness of the Uterine Vessels.

If it continue longer than the fifth or sixth Month, there is Danger of Abortion: If the Mother go her  
D 4 full

Cure.

full Time, the Child is generally weak and sickly. The Diet should be Strengthening, Astringent, and Cooling: Rest is to be indulged, the Passions restrained, and Venery forbore. Phlebotomy is necessary. The following Medicines may be of Use.

R Coral. r. ppt. gr. xv. Pulv. è Bolo C. sine Opio 3 B. Pulv. Terræ Japon. gr. viij. Syr. de Ros. Sic. qs. f. Bolus sumend. ter in Die, superbibend. Haust. sequent.

R Aq. Plantag. Rosar. r. āā 3 vj. Spt. Hormini 3 B. Elix. Vitriol. Acid. gt. xij. Syr. Balsamic. 3 ij. M. f. Haustus.

Vel R Tinct. Rosar. r. 3 viij. Spt. Hormini Acet. Distillat. āā 3 ij. Coral. r. ppt. 3 ij. Tinct. Terræ Japon. 3 iij. Sacchar. 3 vj. M. f. Mixtura Cochlear. iv. sumend. ter quaterve in Die.

Swelling  
and Pain

The Suppression of the Menfes causing a Fulness in the Vessels, is the



the chief Reason of these Com-<sup>in the</sup>  
 plaints. There is no Danger to be <sup>Breasts,</sup>  
 apprehended from these Symptoms; Cause.  
 if there should be so great a Ten-  
 sion as to cause an Inflammation,  
 it will be proper to bleed. A gen-<sup>Cure.</sup>  
 tle Laxative may be given, and re-  
 peated occasionally. Some such ex-  
 ternal Application as the following  
 may be made Use of.

*R Unguent. è Flor. Sambuci Ol. Rosar. āā ʒ ii.  
 Camph. ʒ j. solut. in Spir. Vini q̄s. m. f. Li-  
 niment. cum quo Pars affect. illin. ter qua-  
 terve in Die.*

The Breasts are to be kept warm.

Women during the Time of their <sup>Faint-</sup>  
 Pregnancy are frequently troubled <sup>ings.</sup>  
 with a Faintness or Lowness of Spi-  
 rits, attended with a weak Pulse  
 and a languid Circulation. This  
 generally happens about the fourth  
 Month,

Month, when the Motion of the  
 Cause. Fœtus begins to be perceived. If  
 this Disorder be occasioned by a  
 Fright or Surprise, it is often very  
 dangerous. In this Case it will be  
 Cure. proper to bleed and give Cephalic  
 Medicines.

℞ *Aq. Alex. S.* ʒ j. *β. Pæon. C.* ʒ ij. *Pulv.*  
*rad. Valerian. gr.* xv. *Tinct. Castor. Russ.*  
*ʒ j. Syr. Pæon.* ʒ ij. *M. f. Haustus, sumend.*  
*ter in Die.*

℞ *Sp. Volat. Aromat. Tinct. Castor. Russ.* āā  
 ʒ β. *M. f. Elixir gt. 30. sumend. in Lan-*  
*guoribus, in aliquo proprio liquore.*

Diarrhæa.

A *Diarrhæa* happening to pregnant Women, if violent, will endanger a Miscarriage, especially if joined with a *Lienteria*, *Dysentery*, or *Tenesmus*. But if the *Diarrhæa* be moderate and without Pain, there is not much Danger.

℞ Coral. r. ppt. ʒ j. Nuc. Moschat. Torrefact.  
gr. viij. Pulv. rad. Rhei torrefact. gr. iv.  
Syr. Cydon. qs. f. Bolus sumend. 6tā quâque  
horâ, superbibend. Haust. seq.

℞ Aq. Cinnamon. Simp. ʒ j. B. spirituos. ejus-  
dem ʒ ij. Tinct. Aromat. ʒ B. Syr. Cydon.  
ʒ j. B. M. f. Haustus.

℞ Aq. Cinnam. Simp. ʒ iv. Sp. ejusdem ʒ j. B.  
Sp. è Scordio cum Opio, ʒ ij. Coral. r. ppt.  
ʒ ij. Tinct. Terræ Japon. Tinct. Cinnam. āā  
ʒ j. B. Syr. Papav. Errat. ʒ j. M. F. Mix-  
tura Cochlear. ij. sumend. post sedes singulas  
liquidās agitando phialam.

The *Decoct. Alb.* to be drank of  
freely, and Malt-Liquor to be en-  
tirely forbore.

Women frequently towards the <sup>Costive-</sup>  
End of their Reckoning are costive,<sup>ness.</sup>  
from the Pressure of the Fœtus  
on the Intestines. The Quantity  
of a Nutmeg of the *Elect. Lenitiv.*  
now and then may be taken. If  
the



Cure. the Fæces be hardened in the Intef-  
tine, a laxative Glyfter will be of  
Ufe.

Pains in      The Weight of the Fœtus, to-  
the Back      gether with the Diffention of the  
Loins and      Uterus, towards the End of the  
Hips.      Reckoning generally, caufe a pain-  
ful Senfation in thefe Parts.

Caufes.      Thefe Pains may alfo be occa-  
fioned by violent Motion, or exter-  
nal Injuries, in which Cafe Bleeding  
Cure.      is neceffary ; Reft is to be indulged,  
and all other Precautions taken to  
prevent Abortion. Anodyn Medi-  
cines may be given, and the Parts  
well bathed with the following Em-  
brocation,

*R Sp. Vini C. Linimt. Saponac. āā ʒ iij. Spt.  
Sal. Armoniac. ʒ ʒ. L. Laud. ʒ ij. M. f.  
Embrocatio.*

The Womb being distended with the Fœtus by pressing on the Blood Vessels, impedes the Circulation, which is the Cause of this Complaint. If the Swelling occasions an Inflammation or Varices, it will be attended with great Pain. This Symptom is very seldom of any ill Consequence, and always ceases after Delivery. The Legs should be as little depending as possible, by placing them on a Chair or Stool ; discutient Fomentations may be very serviceable.

It sometimes happens, that in Women of *Leucophlegmatic* Habits of Body, there shall be a large Collection of Water in the Uterus, which sometimes is discharged before the Delivery of the Fœtus, and sometimes afterwards. The *Labia pudendi*

*pudendi* are also sometimes distended with an oedematous Tumour, so that it is necessary to scarifie them in Order to let out the Water, which otherwise would be a great Hindrance in Delivery : Or if the Tumour be very large, Delivery could not be performed without it : And afterwards apply Flannels wrung out of a warm Fomentation. And this is also very frequently a Symptom of a Dropsy in the Uterus.

Cure.

At a proper Time after Delivery, the Patient should be well purged, and take proper Medicines to mend the Texture of the Blood.

Bearing  
down of  
the Ma-  
trix and  
Vagina.  
Cause.

Sometimes there is a Bearing down of the Womb, from a Relaxation of its Ligaments, as also of the Vagina. The Chief Symptom of this Disorder, is a great Weight or bearing



bearing down at the Bottom of the Abdomen, which oftentimes occasions a Difficulty in Walking : The nearer Labour approaches the more troublesome it is. Rest is to be indulged, and the Part to be kept up as much as possible, by putting the Patient in a proper Position, and supporting the Abdomen by a convenient Bandage.

The Cause of Flooding is a Separation of the *Placenta*, either in Whole or in Part from the *Fundus Uteri*; which may happen in any Stage of Pregnancy, and is more or less violent as the Separation happens to be. In this Case the Mouths of the Vessels not being able to contract themselves from the Distention of the Womb by the Fœtus, the Flux will continue 'till the Womb is freed by Delivery;  
and

and which must always be attempted without Delay, otherwise the Woman must inevitably lose her Life. If the Flux is large, or of long Continuance, the Os Uteri is generally so much relaxed by it, that the Hand may without much Difficulty be introduced into the Womb for the Extraction of the Fœtus.

When this Symptom appears, it is to be considered, whether it proceeds from a Separation of the *Placenta*, or from a Fulness of the Uterine Vessels.

If the Mouth of the Womb be found to be quite close and no Discharge from its Cavity, but from the uterine Vessels, then there is not much Danger ; Phlebotomy, and treating the Patient in the Manner as is directed for the Continuance of the menstrual Flux, will be suffi-

sufficient. But if by the Touch (which is never in this Case to be omitted) the Mouth of the Womb be found open, and the Blood be perceived to come from thence with any Violence, then there is no Time to be lost, but the Woman is to be immediately delivered by the Method I shall direct, when I treat of the Manner of turning a Child in the Womb. For the Want of timely Delivery in this Case, many of the Fair Sex have lost their Lives by the Ignorance of those about them, not knowing the Danger to which they were exposed. Mr. *Mauriceau* gives us a remarkable Instance of his own Sister in this deplorable Situation. And Mr. *Chapman* in his Treatise of Midwifery, gives us several melancholy Histories to the same Effect, as will

D be



be found in his 7th, 8th, 9th, 10th, and 11th Cases.

An In-  
conti-  
nence, or  
Suppres-  
sion of  
Urine.  
Cause.

Women towards the End of their Reckoning are frequently troubled with an Incontinence of Urine, from the Pressure of the Fœtus upon the Bladder ; and the nearer Delivery approaches, the Child falling lower, compresses the Neck of the Bladder ; so that the Sphincter cannot have its proper Motion, which occasions a Suppression of Urine.

Cure.

In this Case cooling Emulsions, *cum G. Arabic.* sweetned with *Syr. Althæ.* may be freely drank of. The following Draughts may be given,

R *Aq. Petroselin.* ʒ iß. *Nephrit.* ʒ ij. *Ol. Amygdal. d.* ʒ iij. *Spt. Nitr. d. gt.* xv. *Syrup. Althææ* ʒ ij. *M. f. Haustus. Sumend. ter in die.*

If

If the Medicines have not the desired Effect, then the Urine is to be drawn off by the Catheter.

Pregnant Women are frequently troubled with the *Hæmorrhoids*, from <sup>*Hæmorrhoids.*</sup> a Fulness of the *Hæmorrhoidal* Vessels, occasioned by the Suppression <sup>Causes,</sup> of the Menfes, Costiveness, or Pressure of the Fœtus. If they come on about the Time that the Menfes are suppressed, and are moderate, they may be serviceable; but if they <sup>Cure,</sup> continue long, and the Bleeding should be very violent, with great Heat and Pain, then there may be Danger of Abortion, especially if occasioned by the Pressure of the Fœtus. If from a Costiveness, the following Electuary will be of Use,

R *Elect. Lenitiv.* ʒ vi. *Lac. Sulph.* ʒij. *Pulv.*  
*Rad. Rhei* ʒ ij. *Crem. Tartar.* ʒ iß. *Syrup.*

D 2

*Res.*

## CHAP. IV.

## Of ABORTION.

**A**BORTION is an untimely Delivery of the Fœtus, before it comes to Maturity. Any of the various Disorders I have treated of in the preceding Chapter, if violent, may occasion this Accident. It may be also occasioned by a sudden Fright, or Surprize. The Symptoms are Pains in the Back and Abdomen, a great Uneasiness of the whole Body, an Appearance of the



menstrual Flux, or a Discharge of  
Blood from the *Os Uteri*.

If by the Touch the Mouth of  
the Womb be found open, and any  
Part of the Infant can be perceived,  
and the Pains come on periodically,  
then Abortion will certainly ensue.

When the Patient is first taken, <sup>To pre-</sup>  
to prevent it, Phlebotomy is abso- <sup>vent</sup>  
lutely necessary ; if great Pain, give <sup>Abor-</sup>  
an *Anodyn*. <sup>tion.</sup>

*R Pil. Matthæi Coral. r. ppt. Sang. Dracon.*  
*āā gr. xv. Pulv. Terr. Japon. gr. vi. Syr.*  
*Bals. q. s. f. Bolus sumend. quamprim. &*  
*repet. q̄tā quāq; borā sine Pil. Matth. su-*  
*perbibend. Haust. sequent.*

*R Aq. Plantag. Rosar. rubr. āā 3 vi. Elixir.*  
*Vitriol. acid gt. xij. Tinct. Ferr. Japon. 3℔.*  
*Syr. de Ros. succ. 3ij. M. f. Haust. sumend.*  
*post Bolos. singulos.*

℞ *Tinct. Terræ Japon. Cort. Peruv. āā ℥i.*  
*M. f. Tinctura Cochlear. parvul. sumend.*  
*ter quaterve in die in Haustulo Vini rubri &*  
*Aquæ Commixt.*

℞ *Aq. Plantag. Cinnamon. ten. āā ℥iv. Spt.*  
*Hormin. ℥ij. Tinct. Terræ Japon ℥ij. Coral.*  
*rubr. ppt. ℥ij. Syrup. de Ros. sicc. ℥j. M f.*  
*Mixtur. sumend. Cochlear. ij. tertiâ vel quar-*  
*tâ quâq; horâ.*

## CHAP. V.

### Of Exercise during PREGNANCY.

AS it is a Matter of great Importance, how Women conduct themselves in this Particular, and as Persons are very much divided in their Sentiments about it, I thought that it would not be amiss to point out the proper Time when moderate Exercise may be indulged with

with great Safety, and when it is necessary to be kept still and quiet.

For the first three Months, especially Women of their first Children, I would have them use as little Exercise as possible ; for they are more liable to miscarry before that Time than afterwards. From the third to the fourth Month a little more Exercise may be allowed ; and which, by Degrees, may be increased till towards the 8th. Indeed, I think that from the fourth to the eighth they may safely make Use of moderate Exercise, avoiding every thing that is too violent, as being jolted too much in a Coach in the Streets, or walking much up and down Stairs. Walking moderately on the plain Ground, or rid-



ing in a Coach on an easy Road, is the best.

About the eighth Month the Fœtus (which, till this Time is placed as if it was sitting with its Knees up to its Chin, supported by its Arms) the Head now becoming heavier in proportion to the rest of the Body, falls down by its own Weight; so that it turns quite over, the Face being placed towards the Mother's Back, and its Heels flying uppermost. This is the true Posture for a natural Delivery; therefore when the Infant is about to make this Alteration, for its easier Exit, it is very proper that the Mother should be still and quiet; for by Motion at this Time it is very easy to make the Infant take a wrong Posture, besides the Hazard  
of

of misplacing the Womb, which now becomes very heavy. And from this Time to that of Delivery, it is no Matter how little Exercise is used, because Nature, which acts always for the best, is now preparing for the critical Time. The Womb, with the Infant, now begins to come lower by Degrees; and it is absolutely necessary for a natural Delivery, that the Womb and Infant should be so placed, as to answer directly to the Passage, which Exercise would rather hinder than promote. So that those Persons that jolt themselves about when the Time of Labour approaches, thinking to have the easier Delivery, run the greatest Hazard of causing one of the most difficult; for as the uppermost Part of the *Uterus* is now quite loose and heavy, being not supported  
by

by its Ligaments, as when not impregnated, so that by any sudden Motion it may easily be turned from its natural Position ; which will occasion, when Labour comes on, a great Difficulty ; as I shall shew, when I treat of difficult Births, from Obliquities of the Womb.

## PART



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PART II.

The Art of DELIVERY, &c.

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CHAP. VI.

Of a NATURAL BIRTH.

**A** BIRTH is deemed natural, when it comes on in forty Weeks from the Time of Conception, and the Infant is born by the Force of Pains, with little Assistance,

ance, within two or three Hours after the Discharge of the Waters.

Pain is the first Symptom that occasions a Woman to think of her Labour. It is of the greatest Moment, when a Woman is seized with Pain, to distinguish whether it is the true Time for Labour, or not, because there are spurious Pains, with which Women may be afflicted, from various Causes, that frequently are mistaken for the Labour-pains.

How true  
Pains are  
to be di-  
stinguish-  
ed from  
the false.

The true Pains are to be distinguished from the false, as they come and go off periodically ; but the false Pains are seldom off. And by the Touch, which is the most certain Method of being able to distinguish them, the one will be found to open the Mouth of the Womb,

Womb, and force the Membranes through ; whilst the other is found, when the Pain abates, to have no such Effect, but, on the contrary, the Womb rather contracts than dilates itself.

In false Pains, where the Womb <sup>How to</sup> is not open, or the Waters do not <sup>take off</sup> form, give a carminative Glyster, <sup>false</sup> apply warm Cloaths to the Belly, <sup>Pains.</sup> and keep the Woman very quiet. She may take the following Draughts.

R *Aq. Mentb. S. Mentb. piper. āā 3 vi. Ol. Amygdal. d. Syr. Alth. āā 3 iij. M. f. Haust. sumend. 4iā quāq, borā.*

Sometimes it happens, that there <sup>Of mix-</sup> shall be mixed Pains. In this Case <sup>ed Pains.</sup> the Woman is not to be put upon her Labour, before the false Pains are taken off ; for the true Pains will not come to any Degree of Strength



Strength till the spurious are removed. For this Purpose take the Method, as directed above ; if the false Pains do not cease, then give the following *Anodyn.*

*R. Pulv. Rad. Contr. C. Pil. Matth. ā ʒß.  
Sperm. Ceti gr. viij. Syr. Papav. Errat. q. f.  
f. sumend. statim. & repetend. pro re natâ.*

Signs of  
Labour.

If the Pains come on periodical-ly, and the Membranes be found to be propelled through the *Os Uteri*, and a glutinous Matter is discharged, tinged with Blood, then the Time of Labour is judged to be at hand. There are other Symptoms of Labour, as a high, quick, and full Pulse ; a high Colour, Vomitings, Shiverings without Cold, &c.

If the Labour be quite natural, viz. the Infant presenting with its Crown,

Crown, and its Face turned towards the Mother's Back, by the Touch the Membranes will be found to form themselves round and large, agreeable to the Head of the Child; the Head of the Child will also be perceived through them to fall lower by the Force of the Pains, which is always a Sign of a quick and easy Labour.

Great Care is to be taken, that the Membranes are not broke before they have performed their proper Office; which if they should, the Labour would be greatly impeded; because the Membranes, with the Waters contained in them, being propelled through the *Os Uteri*, by the Force of the Pains before the Head of the Child, they open the *Os* for the Head to pass through. When the Waters are discharged,

6
they

they facilitate the Birth, by lubricating the Passage ; whereas, if they were discharged before the Mouth of the Womb was thoroughly opened, the Parts would become dry, and the Labour would with much more Difficulty be performed.

On the contrary, it is possible for the Membranes to be so thick and tough, as not to be broke by the Force of the Pains. In this Case, after the *Os Uteri* is sufficiently dilated, so that the Head is ready to follow after their Discharge, the Waters should be let out, by perforating the Membranes in the Middle of a Pain, with a Probe, or giving them a little Twist with the Fingers. For if by the Force of Pains the Membranes which are joined to the *Placenta* should  
occasion



occasion a Separation of that from the *Uterus*, a Flooding would ensue, which by this means will be prevented. After the Discharge of the Waters, in a quite easy Delivery, the Head follows in a short Time. As soon as that can be taken hold of, it is proper to draw hard and quick, that the Shoulders may not lodge in the Passage; after which the rest of the Child follows, without any Difficulty.

An Enquiry should always be made, if the Patient has the natural Evacuations properly by Stool and Urine; for if she be costive, a Glyster should be given; or if a Suppression of Urine for any Time, then that is to be drawn off by the Catheter.

E

The

The  
Touch,  
what.

The Manner of touching a Woman is, by introducing one or two of the Fore-Fingers, covered with some Unguent, through the *Vagina*; so as plainly to distinguish the *Os Uteri*, which in a Womb rightly placed, is situated in the Middle of the *Pelvis*.

The Patient should always be tried by the Touch early in Labour, that the Situation of the Womb and Form of the *Pelvis* may be known; as also to judge by the Feel of the *Os Uteri* and the Membranes, whether the Labour is likely to succeed, or not. Before I leave this Chapter, I shall caution young Practitioners against putting Women too early on their Labour, which is always attended with very bad Consequences; and in order to shew how cautious they ought to be, I shall

shall give two remarkable Cases, which I had lately in this Neighbourhood.

### C A S E I.

A Person, who had a very hard Labour of her first Child, spoke to me to attend her of her second. Accordingly I was sent for ; when I came, which was towards the Evening, I found that she had been in Pain all the Night before, and that Day, and then seemed to have her Pains come on pretty regular. I perceived the *Abdomen* was very much sunk, which made me think the Labour not far off. On the proper Enquiry I found the *Os Uteri* so much open as to receive two Fingers, and could perceive the Head of the Infant through the Membranes. But after a few Pains



I found that she had a Mixture of false Pains with the true ; accordingly I treated her as directed for the mixed Pains, and gave her the anodyn Bolus, which made her tolerably easy that Night. Coming to her the next Morning, I found the Pains returning, but by the Touch perceived the Womb closer than the Evening before. I repeated the anodyn Bolus, and gave her the oily Draughts that Day, every four Hours. At Night the Pains returned again, but did not open the Mouth of the Womb. On which I gave her a Glyster, applied warm Cloaths to her Belly, and gave her the following Boluses every four Hours.

*R Pulv. é Chel. C. C. Di. Sp. ceti. 3℔. Syr. de Mecon. q. s. Bolus. sumend. quartâ quâq. horâ.*

This

This Method took off the Pain ; so that she continued easy the next Day. At Night Labour came on, without the spurious Pains ; but it was a very slow one, on account of the Smallness of the *Pelvis*, and the Child being very large. I would not let her strive with her Pains, but let them go on and off quite natural, without any additional Effort on her Part.

(The Reasons will be given for this Conduct in the next Chapter, where I shall speak of difficult Births.) After a few Hours I got the Head low in the Passage, and then causing the Woman to strive as much as possible with her Pains, with great Difficulty delivered her of a fine Girl, which, with the Mother, is very well.

## C A S E II.

I was sent for to a Woman in this Neighbourhood, who had some Time before spoke to me to attend her in her Pains, having had before a difficult Delivery. When I came I found her in strong Pain, which seemed quite natural, with other Symptoms of Labour, as Reachings, and shivering without Cold, &c. and by the Touch found the *Os Uteri* so far dilated as to receive my Hand, and through the Membranes could easily feel the Head of the Child, which lay very low. After some considerable Time spent, finding that the *Os Uteri*, instead of being farther dilated, was rather more contracted, and that the Membranes were not propelled by the Force of the Pains through the Mouth  
of



of the Womb, I concluded, notwithstanding these Appearances, that it was not her Labour. I ordered her a Glyster, and afterwards the anodyn Bolus, which entirely eased her ; and did not hear any thing more from her till after the Expiration of three Weeks ; when being again sent for, I deliyered her, in about two Hours, of the largest Child I ever saw born alive. The *Pelvis* of the Woman being extremely well formed, the Child passed without any Difficulty. I am of Opinion, that the more than ordinary Weight of the Child, when it turned in the Womb, was the Occasion of these extraordinary Symptoms. This should teach us to be very careful not to believe a Woman truly in Labour, till there is the grand, and indeed only Symptom which is absolutely to be depended on, that is,

( 56 )

the opening of the Womb, by the propelling of the Waters. I will only add, that if this Woman had, by forcing Medicines, and other imprudent Methods, been put on her Labour, the Death of the Child had been certain, and the Mother's Life in great Danger.

## C H A P.

C H A P. VII.

Of *Difficult* BIRTHS.

**A** *Difficult* BIRTH is occasioned either from the oblique Situation, or Largeness of the Child ; from the bad Formation of the *Pelvis*, or from the Obliquity of the Womb.

And, first, we will consider that Labour, which is rendered difficult on the Part of the Child, and which is to be performed only by the Hand.

Of



Of the *Manual* DELIVERY.

Of the  
Head of  
the Child  
being low  
in the  
*Vagina*,  
and can-  
not be  
born by  
the force  
of Pains.

It very frequently happens, that a Child, notwithstanding it presents right, and advances low into the *Vagina*, yet cannot be born by the Force of Pains, without some extraordinary Assistance.

This is not undeservedly reckoned one of the most difficult Cases, and for which various Instruments have been invented; but I am intirely of Dr. *Daventer's* Opinion, that the proper Use of the Hand in this Case is much preferable to the instrumental Method.

The best  
Method  
of Deli-  
very.

The best Manner of delivering a Woman in this Case is this, *viz.* by laying her in such a Posture, that there may be no Pressure on the lower

lower Part of the *Sacrum* or *Os Coccygis*, which recede in Labour ; and by that means enlarge the *Pelvis* : When the Woman is properly placed (for which Purpose I generally lay her on her left Side) the left Hand well covered with some Unguent, is to be introduced into the *Vagina*, with the Palm upwards ; so that when the Pains come on, the *Pelvis* is to be enlarged by forcibly thrusting back the *Coccyx* with the Back of the Hand, and at the same time drawing the Hand gently down, the Head of the Child will be brought lower by the Palm, the Woman is to be encouraged to strive as much as possible with her Pains. When the Pain is off, the Hand is again to be introduced as before, to be ready to assist the Patient on the Return of the Pains. When the Head is by  
 I this

this means brought down very low, the Assistance of the other Hand may be added, by applying it on the Head, to draw it down at the same time that the left is employed in the Manner directed.

By this Method the Use of Instruments may be generally laid aside, and by which I have delivered a great many Women with more Ease and Safety than could have been with any Instrument. When the

Head of  
the Infant  
large, in  
proportion  
to  
the *Pelvis*.  
*vis.*

Head of the Child is very large, and the *Pelvis* but small, though the Child presents quite right, be very cautious how you increase the Woman's Pains ; for the Head of a Child may justly be compared to a Piece of Paste, which may be formed into any Shape.

If



If the Pains be brought on with too much Violence, the Head will be flattened and rivetted in the *Pelvis*, which slow and gradual Pains will by degrees bring through'; so that the Heads of Infants are generally formed to the Shape of the *Pelvis*. From hence it is very plain, that a Labour, though slow and painful, may be happily effected, if imprudent Methods be not at first made Use of; and if they be, a safe Labour may be rendered one of the most difficult.

In this Place I will take Notice <sup>Stimulat-</sup> of the great Mischief that may be <sup>ing Me-</sup> done by giving stimulating Medi- <sup>dicines</sup> <sup>forbid.</sup> cines, as strong Emmenagogues, Purges, or Vomits, to increase Pain; because, instead of promoting Delivery, it is very plain they obstruct it, and not only destroy the Child,  
by

by flattening the Head, so that it cannot pass the *Pelvis*, but run a great Hazard also of killing the Woman, by separating the *Placenta*, and by that means bringing on a violent Flooding.

If the Woman be of a plethoric Habit, it will be necessary to take off a little Blood.

If she should be low or faint, some cordial Medicines may be given.

R *Pulv. Rad. Contray. C. ʒi. Sp. Ceti. Pulv. Castor. Russ. āā gr. v. Conf. Alkerm. q. s. f. Bolus sumend. statim & repetend. pro re natā, cum Cochlear. iv. Julap. seq.*

R *Aq. Cinnamon. S. Puleg. S. āā ʒiv. Puleg. spirituos. ʒij. Spt. Lavend. C. ʒij. Conf. Alkerm. ʒ iij. Syr. Balsam. ʒ vi. M. f. Julap. Cochlear. iv. sumend. post Bol. & in languoribus.*

A little warm Caudle, or Wine and Water, may be now and then drank.

Of the Advantage of this Method I could give many Instances, but the two following will be sufficient. Indeed the first Case that I have given as to the Delivery, comes properly under this Head ; but as I treated there of the Nature of Pains, I gave it as an Instance how to treat a Person when troubled with mixed Pains, as she was.

### C A S E III.

About three Years ago, a Person came, to desire that I would attend her in her Labour, for that she was in her 42d Year, and the first Child. I promised her I would. When I was sent for, I found her fairly in Labour,



Labour, and the Waters gathered. After the Discharge, I perceived the Head of the Child very large and firm, and the *Pelvis* of the Woman very small. I would not suffer her to strive with her Pains, till the Head was come into the Passage ; then by passing my Hand, and thrusting back the *Coccyx*, as I have directed ; encouraging her to exert herself as much as possible, I delivered her of a fine Child, after being with her about twelve Hours.

#### C A S E IV.

About two Years ago I was sent for to a Person, about five Miles from this Town, in Labour of her first Child. I found a Midwife, and a Gentleman just set out in the Profession, attending. They told me

me she had been in Labour about twenty-four Hours. I found the Head of the Child fairly in the *Pelvis*, but the Woman a great deal fatigued. The Pains were slack; on which Account I let her alone, and she got some Sleep. After waiting four or five Hours, she having recruited her Spirits, the Pains returned with more Strength; and on my giving her the Assistance, as directed, I soon delivered her of a fine Boy.

If by the Touch the Membranes be only perceived distended with the Waters, without finding any Part of the Child, then it is to be feared that the Head is pitched on some Part of the *Pelvis*, because the Pains have not brought it down; if any of the Limbs present, then the Membranes are formed long and slender,

F                      like

How to distinguish a difficult Birth, before the Waters are discharged.

like a Gut, and the Limb is perceived through them.

The  
Head of  
the Child  
being  
pitched  
on the  
Bones ;

How to  
be treat-  
ed.

If, when the Waters be discharg-  
ed, the Head of the Infant is found,  
in a Womb well placed, lodged on  
the *Pubis* or *Os Coxendicis*, the Hand  
is to be pass'd up by the Head, that  
it may be known in what Manner  
it is engaged with the Bones ; and  
is to be pass'd between the Head  
and the Bone, and directed to-  
wards the Passage.

If the Head be pitched on the  
*Pubis*, the other Hand should be  
applied to the Outside of the *Abdo-  
men*, where the Head is, and press'd  
gently down, at the same time that  
the Hand in the Womb conducts it  
towards the Passage. The Hand is  
to be constantly kept up between  
the Head and the *Pubis*, during the  
Pains,



Pains, till it is wholly disengaged ; or else the Child will, in all Probability, be destroyed, by the Pains forcing its tender Head upon the Edge of the Bone. But if the Head, by this means, do not readily come into the Passage, then the Feet of the Infant are to be sought for, and extracted by them.

The Woman, when a Child is to be turned, is to be laid with her Shoulders low, and her Hips raised high, as in the Reduction of an *Hernia*. After the Patient is put into this Position, the Head of the Infant is to be pressed back, and returned as much as possible ; the Hand is to be passed by it, and the Feet to be sought for. It is very seldom, in a full-grown Infant, that both the Feet are to be brought down together ; but having brought

The Method of turning a Child, and delivering by its Feet.

F 2                      down

down one, the great Toe will be a Direction to find the other ; then passing the Hand gently to the Groin, the other is to be found, and brought down. And by this Means, if it should so happen, that there is more than one Child in the Womb, there will be no Danger of mismatching the Legs ; and by this Caution may be sure that both belong to the same Child.

If the Toes be turned up towards the Mother's Belly, having the Legs in a Cloth, they are gently to be drawn. When you have the Thighs, then turn the Child gently at the same Time as you draw, that the Face of the Infant may be turned towards its Mother's Back. By this Means the Chin will be prevented from lodging on the *Pu-*  
*bis,*

*bis*, which it would do if it was brought with its Face uppermost.

Authors are much divided in their Sentiments, whether the Arms of the Child are to be brought down, or be left up, to come with the Head. *Daventer* is entirely of Opinion, that the Arms should be left up, in order to hinder the *Uterus* from contracting about the Neck of the Child ; *Mauriceau* is of a different Opinion, and recommends the bringing down the Arms ; Mr. *Chapman* highly condemns *Daventer's* Practice in this Particular. I think that the Method of leaving up the Arms is best ; for as it is the natural Property of the *Uterus* to contract itself, there would be great Danger of strangling the Infant, by its Contraction about the Neck of



it ; which, by the Arms being left up, prevents.

I am inclinable to think, that those Persons who dissent in this Particular from *Daventer*, did not draw the Infant in the Manner he directs ; *viz.* quite down towards the *Rectum*, and the Head will then slip under the *Pubis*, with very little Trouble, whereas, if the Infant be drawn straight, *then indeed there will be the greatest Hazard of dividing the Vertebrae*, and leaving *the Head behind* ; and which will be the same, whether the Arms be left up or not.

I have delivered several by this Method, and never met with the least Accident ; and am entirely of Opinion, that where any Mis-chance has happened, that it rather

ther proceeded from the wrong Manner of drawing the Infant, than from the Arms being left up. But if one or both Arms should by Accident come down, then the Hand must be immediately introduced, to hinder the Womb from contracting about its Neck; and whilst it is drawn by one Hand quite downwards, with the other you bring the Head of the Child under the *Pubis*, by putting two Fingers into its Mouth; and the Thumb being placed under the Chin, you bend it down towards its Breast, and drawing at the same Time with the other Hand, it slips under the Bone.

It should always be a Rule in this Operation, as in all others, when there is Occasion for introducing the Hand into the Womb, to keep the Fingers quite straight; for by bend-

ing them, the Knuckles will, by pressing against the *Uterus*, give the Woman great Uneasiness.

Of the  
Head of  
an Infant  
being  
born, and  
sticking  
at the  
Shoulders

It sometimes happens, that the Head shall be brought through the *Vagina*, and there shall be a Difficulty, by its sticking at the Shoulders. In this Situation the Fingers are to be introduced, one under each *Axilla*. If the *Uterus* be found to be contracted about them, then that is gently to be dilated with the Fingers; and afterwards by drawing under the Arms, gently moving backwards and forwards, the Infant is to be delivered. If the Rule laid down in Chap. VI. p. 49. be observed, this Accident will be prevented.

Of the  
coming  
down of

In all Postures of the Infant, the *Funis Umbilicalis* is liable to come down,



down, which is very dangerous to <sup>the *Funis*  
*Umbili-*  
*calis.*</sup> the Infant ; for by being exposed to

the cold Air, the Circulation of the Blood is liable to be stopped between the Mother and the Child ; which, if it should be before it receives Air by the Lungs, to keep up the Circulation that Way, the Child must inevitably be lost. As soon

as it is perceived, it must be re-<sup>Of the  
greatest  
Danger  
to the In-  
fant.</sup> turned immediately, and kept up

as much as possible, to prevent the the bad Effects of the Cold. If it be like to be a quick Labour, the *Funis* must be put as much as possible behind the Head of the Child ; and if by the Force of Pains it be brought down, must as often be returned. But if there be any Obstacle to a speedy Delivery, the Infant must be turned, and extracted by its Feet, in order to save its Life, which is, in this Case, in the most

most imminent Danger. If the *Funis* has been down any considerable Time, it is always to be apprehended that the Child is dead.

Of the  
*Funis* be-  
ing twist-  
ed about  
the Neck  
of the  
Child.

It often happens, that the *Funis* shall be twisted about the Neck of the Child ; this hinders and makes the Delivery much slower. It is to be known by the Refilition of the Head, after the Pains are gone off; the Pains are to be encouraged as much as possible, in order to overbalance the Force of this Resistance. When the Head of the Child is born, and the String is found much twisted about its Neck, it is a very good Method, whilst the String is held, to let an Assistant pass a Pair of Scissars, and divide it. By this Method the Danger of strangling the Child will be entirely prevented, there will be no Hazard  
of

of breaking the String, or forcibly tearing off the *Placenta*: To all which Accidents, in this Case, we are liable, without great Care.

Sometimes the *Placenta* shall be so far separated, as to fall by its Weight to the *Os Uteri*, before the Child. This is always attended with a violent Flooding; and by the Feel a fleshy Substance is perceived; neither are the Membranes, or any Part of the Child, to be felt. The *Placenta* is as much as possible to be put aside; if that cannot be done, then Way must be made to come at the Child, by thrusting the Fingers through it, till the Membranes are perceived: The Waters being discharged, the Child is to be taken by the Feet, and extracted as soon as possible. For here is the greatest Danger of the Lives both

Of the  
*Placenta*  
present-  
ing be-  
fore the  
Child.



both of Mother and Child ; to the Woman from a violent Flooding ; to the Infant, by the Stoppage of the Circulation between that and the Mother, by the Separation of the *Placenta*.

Of a  
Child  
coming  
with its  
Face up-  
permost.

If a Child come with its Face towards the *Pubis*, it will prolong the Labour, as the Face is apt to be squeezed against that Bone, and the Child in that Position cannot make so strong an Effort as when in a natural Posture. In this Case the Labour is frequently slow, tho' generally safe. If any Part of the Face lodges on the *Pubis*, it is to be disengaged by introducing a Finger or two between that and the Bone ; and when the Pain comes on, direct it from the *Pubis*. If the Labour is not like to succeed, then lay the Woman in a proper Posture,

Posture, and return the Head into the Womb, and deliver her, by turning the Child, and extracting it by its Feet.

If an Infant presents with its Face to the Passage, it cannot be born in that Posture. The Hand is gently to be introduced (after the Woman is laid in the Position as directed for turning of a Child) and the Breast is gently to be pressed back. When the Head of the Child is perceived to fall on your Hand, then withdraw it, and the Child will be found to be rightly situated. But if upon this Pressure the Head do not fall, then put it by, turn the Child, and deliver by its Feet.

In all Cases, where the Child presents any other Part than the Head, the Feet are to be sought for,

its Shoul-  
der or  
Arm.

for, and by them brought forth, as is already directed. The greater Distance the Feet are from the Mouth of the Womb, the greater will be the Difficulty of Delivery. A Child presenting with its Shoulder, or Arm, are, on that Account, reckoned the most difficult. In both these Cases the Hand is to be passed, and the Child turned, and brought away by the Feet.

One or  
both  
Hands  
present-  
ing with  
the Head.

If early in Labour, one or both Hands should come down with the Head ; you may endeavour to keep them up, but if they cannot, so as to give the Head Liberty of coming into the Passage, then the Child is to be turned, and brought away by the Feet.

Of a  
Child

When the Belly of the Child presents, the *Funis Umbilicalis* almost



most always comes down; and on that Account the Delivery is to be performed as soon as possible, for the Safety of the Child. If the Legs be turned much backwards, they are not to be fetch'd without some Difficulty. The Hand is to be introduced by gently putting back the Infant, so that it may be passed to the Feet, and by them extracted.

When the Back comes first, the Labour is very difficult, because this Part takes up so large a Space, that it is with no small Trouble that the Feet are to be found, especially if bent much backwards: The *Funis* in this Position is also very liable to come down. The Delivery in this Case is much the same as in the former. After laying the Woman with her Shoulders low and Hips

2                      raised,

raised, the Back of the Infant is gently to be moved, and by passing the Hand where there is the least Resistance, the Feet are to be sought for, and by them brought forth.

Of a  
Child  
present-  
ing with  
its Knee.

When the Knee offers itself, there ought to be great Care, that it is not mistaken for the Head, on Account of the Roundness of it. As soon as it is known that this Part presents, it is not to be suffered to come in this Position, but the Knee being thrust back, the Hand being carried along the Leg to the Foot that is to be brought down; afterwards the other is to be sought for, and by them the Child is to be delivered.

Of a  
Child  
present-  
ing with  
the  
*Nates*.

If an Infant presents with the *Nates* (instead of the Method which *Daventer* recommends, of deliver-  
ing

ing in the same Manner as in a natural Labour, enlarging the *Pelvis* by thrusting back the *Coccyx*) I should rather think, that the bringing down the Feet by thrusting up the *Nates* with one Hand, whilst the other is introduced to search for the Feet, a much safer Operation. For when the Hand can be introduced for Delivery by the first Method, it may always for the second: And great Pain, as well as Danger, will be avoided, especially on the Part of the Infant, this being a very dangerous Position for the Child.

If the *Nates* be advanced so low as not to be returned, then the Infant must be born in this Posture. By introducing a Finger into each Groin, you draw with some Force, moving it to and through at the same Time. But if it be possible

G

to



to deliver by the Feet, it is much the best, and which is always to be done without Delay ; for this is the most dangerous Posture for the Infant, by the great Compression it suffers. In this folded Position, from the Pressure, the *Meconium* generally comes from the Infant, tho' alive ; but when it comes away involuntary in any other Situation, it is a certain Sign of a dead Child.

Of a  
Child  
present-  
ing with  
one or  
both  
Feet.

When a Child presents with one or both Feet, a great deal of Trouble is saved to the Artist, as well as great Pain avoided by the Patient ; for indeed it is the best Posture that a Child can present in, unless where there is the most natural and easy Labour. For if Nature cannot effect the Business, in all Probability the Infant must be put into this Position by Art, which is already  
done

done to his Hands ; and the Delivery may be happily effected with little Trouble, by observing the Directions laid down, where I treat of the Method of turning a Child, and delivering it by the Feet.

After one Child is born, and <sup>Of</sup> <sup>Twins.</sup> there is another in the Womb, it is generally the best Method to discharge the Waters, and in whatever Posture the Infant is, to search for and extract it by the Feet ; for the Parts being now thoroughly opened by the Birth of one Child, there will be sufficient Room for the Passage of the other, which by waiting will be again contracted ; and the Patient, who perhaps is greatly exhausted by the Birth of the first, will scarcely have sufficient Spirits for a second Conflict ; and which may, in a great Measure, be prevented

vented by delivering by Art: For it sometimes happens, that there is a large Space between the Births, if left entirely to Nature, of which I had a late Instance.

### C A S E V.

I was sent for to deliver a poor Woman of her second Child, who had the first born two Days before. On Examination I found the Arm in the Passage, and on the least Touch my Fingers were covered with the *Cuticle* ; on which I made a Prognostic of a dead Child, and was told, that the Woman, about a Fortnight before, had received a Fright ; and I believe, that the Child had been so long dead, from the Condition it was in. I laid her in a proper Position, as directed, and delivered her in a little Time, with



with great Ease, by turning the Child, and extracting it by its Feet.

But it may sometimes happen, if the second Child should present right (which it very seldom does) and the Pains strong; so that the Waters form themselves immediately, and the Head is perceived to follow fast : Then, indeed, as Nature will, in all Probability, soon accomplish her own Work, I think it may then be very safe to leave it to her. But if the Pains slacken or go off, though the Child should present right, then it is best to deliver immediately by Art.

#### C A S E VI.

I had a very uncommon Instance of a Woman in this Neighbourhood, whom I delivered of three

G 3

Chil-

Children, two alive and one dead. They all came right, and followed so fast by the Force of Pains, that they were born as soon, by giving Nature the common Assistance, as if I had delivered by Art. The greatest Difficulty attending this Affair was the extracting of the *Placentæ*, which were all joined together, and adhered very strongly to the *Uterus*. The Method I took to extract them, I shall give in the next Chapter, where I treat of the Manner of separating *Placentæ*.

Of the  
Limbs of  
Twins  
being  
complicated in  
the  
Womb.

It may happen, that the Membranes, by the Force of a Pain, may be both broke at the same Time; and the Children may by that Means be complicated together. In this Case great Care and Caution ought to be made Use of, that the Parts of each Child may be distinctly

ly known ; which is no very easy Matter to do, if the Arms or Legs of both should present. By the Feel it would be, as if there were nothing but Arms and Legs in the Womb. The Foot of the lowest is to be brought down ; and by passing the Hand to the Groin, you will be assured, that both the Feet belong to the same Child. If the Foot of the uppermost presents, that is to be put by, and the lowest is first to be delivered.

Sometimes it happens, that two <sup>Of monstrous Births.</sup> Children shall be contained in the same Membrane. In this Case, by being pressed together, the Fibres of the Infants frequently inosculate with each other, so that they grow together. This is what occasions monstrous Births. There is no general Rule to be laid down here ;



but, whoever has this hard Task allotted him, must act according as his Judgment directs him.

Of difficult Labours from Obliquities of the Womb.

Having considered the Causes of difficult Births, from the oblique Situations of Infants, we come now to consider the Causes of difficult Births, from Obliquities of the Womb. Various are the Sentiments of Authors, in regard to Obliquities of the Womb; several having imagined, that the Womb, on Account of its being strongly tied and kept up by its Ligaments, could not be displaced; which, indeed, in a Womb not impregnated, is true. But when the great Difference between a Womb not impregnated and one that is, comes to be considered (especially at the latter End of Pregnancy, when the Fœtus is almost come to its full Growth) the  
Liga-

Ligaments, that before Pregnancy were fixed to its upper Part (by the great Distension the *Uterus* suffers at present) do not now reach to above a third Part of the Womb; so that at this Time they do not so entirely secure it, but it may by Accidents be displaced, either forwards, backwards, or on either Side.

*Mauriceau* reckons among the Causes of difficult Labours, the bad Situation or Conformation of the *Uterus*; but in treating of difficult Births he takes no more Notice of it, but attributes the Difficulties entirely to the oblique Situations of Infants.

*Daventer* is the first Person that has clearly explained the Doctrine of Obliquities of the Womb. Indeed

deed, it is of the utmost Consequence rightly to understand, so as to be able to distinguish by the Touch, in the Beginning of Labour, the true Situation of the Womb.

The  
Signs  
of an  
oblique  
Womb.

The Signs of an oblique Womb are; when the *Os Uteri* is high and out of Reach, so that only a Semicircle of it can be touched, and that with some Difficulty. The *Vagina* will be also drawn up with the *Uterus*, which, by following the Course of, will be a Guide to the *Os Uteri*. In this Case, though the Infant be rightly placed, yet it cannot be born till this bad Situation of the Womb is rectified, by bringing it as nearly as possible into its proper Position.

In all Obliquities, though the Infant presents right to the Mouth  
of



of the Womb, and is in that Respect properly situated ; yet, on Account of the Obliquity of the Womb, the Infant also is rendered oblique, in regard to the Passage.

The Signs of an Obliquity for-  
wards are; a large Belly hanging  
pendulous, like a Bag, over the *Os*  
*Pubis*; and the *Os Uteri* is found  
high against the *Sacrum*. The  
proper Method of delivering in this  
Case is, to lay the Woman with her  
Head low, and her lower Parts  
raised, as directed when a Child is  
to be turned, one Hand being  
introduced into the *Vagina*, with  
the Palm upwards, as high as you  
can between the *Sacrum* and the  
Head of the Child. When the  
Pains come on, a strong and equal  
Depression is to be made by forcing  
back the *Os Coccygis*, and at the  
same

Of an  
oblique  
Situation  
of the  
Womb  
forwards.  
The  
Signs of  
it.

same Time gently drawing the Mouth of the Womb towards the Passage, whilst, with the other Hand applied externally, the Bottom of the Womb is gently to be raised into a resupine Position. When the Pains go off, you are to cease, but be in Readiness against their Return, by introducing the Hand internally as high as you can, and having the other Hand ready to be applied to lift up the *Uterus* externally. If the *Uterus* hang very much over the *Pubis*, it will be difficult to gain any Knowledge by the *Touch*, on Account of the *Vagina* being so much drawn up with it. In this Case, after the Woman is placed as before directed, the *Uterus* is to be gently raised and supported, as high as you can ; by which Means the Mouth of the Womb and the *Vagina* will be brought

brought into such a Situation, that the Hand may be easily introduced, with which the Mouth of the Womb is gently to be brought into its proper Situation, whilst, with the other Hand externally applied, the *Fundus* of the Womb is raised into its proper Place. Of this Mr. *Chapman* gives us two remarkable Instances, in his Fifth and Sixth Cases, where (notwithstanding he is by no Means for allowing of Obliquities of the Womb) he gives us the plainest Demonstration of an Obliquity forwards that can be.

### C A S E VII.

I was sent for about a Year ago to a Woman, at four Miles Distance from this Town, who had been a considerable Time in Labour. On Examination I found the *Os Uteri*  
more



more than ordinary backwards, with the Head of the Child bearing hard against the *Sacrum*. Having put her into a proper Posture, *viz.* the lower Parts higher than the upper, I passed one Hand under the Head of the Child, and by applying the other externally, delivered her the third or fourth Pain.

#### C A S E VIII.

I was sent for, about six Months since, to a Person whose Waters had been discharged for some considerable Time; and on making a proper Enquiry found the Head of the Infant, with the *Os Uteri* attending, bearing hard against the *Sacrum*. After putting her into a proper Posture, I delivered her, in about an Hour, by the same Method as in the preceding Case.

If,

If, from the Carelessness or Ignorance of the Operator, who is with a Woman at the Beginning of her Labour, the Head of the Child, with the *Os Uteri*, should fall down into the crooked Sinus of the *Sacrum*, and there be bound together ; in this difficult Case, the Woman should be put into a kneeling Posture, stooping with her Head low, that by this Position the Womb may be carried down by its own Weight, and so be disengaged from this crooked Sinus. After she is put into this Posture, the Fingers are to be introduced into the *Vagina* behind, between the *Intestinum rectum* and the Head of the Infant ; so that the Womb may be so far set at Liberty, by pressing it down, that there may be sufficient Room for the Dilatation of the *Os Uteri*, and Space enough for the Support

Of the  
Head of  
the Infant  
falling in-  
to the  
crooked  
Sinus of  
the Sa-  
crum.

Support of the Womb, lest it should fall back again into the Sinus, till the Head of the Child is so far advanced into the Passage, as to be out of any Danger from the Return of this Accident. But if there be a Deficiency of Strength and Pains, so that she cannot be delivered in this Manner, then the Hand is to be introduced into the Womb, and the Feet sought for, and by them extracted.

#### C A S E IX.

I was sent for, about four Months since, to a Person who had been in Labour two Days. The Midwife told me she could gain no Knowledge of the Child. On Examination I found the Head of the Infant closely bound up with the Mouth of the Womb, in the Cavity of the  
*Sacrum.*



*Sacrum*, I immediately put her on her Knees, with her Head bending forwards; and by introducing my Hand into the *Vagina* I raised the Head of the Child out of this dangerous Situation. The Woman finding herself much relieved, her Spirits returned, which were before I came much exhausted, and I delivered her of a fine Child in about two Hours.

#### C A S E X.

I was sent for, a few Weeks ago, to a Woman who was exactly in the same Situation as the former, but much more spent. After I had raised the Head of the Infant, with the *Uterus*, out of the Cavity, her Spirits being much exhausted, and Faintings coming on, I immediately opened the *Os Uteri*, and delivered

vered her in a few Minutes, by turning the Child, and bringing it away by its Feet.

Of an  
oblique  
Situation  
of the  
Womb  
back-  
wards.  
The  
Signs of  
it.

The Womb may be also obliquely situated, with its *Fundus* towards the *Sacrum*. In this Position the *Os Uteri* is very high; and it is with great Difficulty that only a Semi-circle of it can be perceived. In this Situation the *Os Uteri*, with the Head of the Child, of Course fall on the *Pubis*, by Reason of their high and forward Situation in the *Abdomen*. The Waters in this Case generally flow gradually, and as it were by Stealth; for which Reason they are termed the *Aquæ furtivæ*, or stealing Waters. After the Waters are discharged, the Woman being laid with her upper Parts lower than the under, she is to forbear striving with her Pains as much as possible, till the Head of the Child and Mouth of the

the Womb are released from the *Pubis* ; which is to be done by introducing the Fingers between the Head of the Child and the Bone ; and when the Pains come on, that is to be thrust from the Bone, whilst the other Hand externally applied depresses it at the same time : When it is cleared of the *Pubis*, then encourage the Woman to strive with her Pains, and, at the same time, bring the *Os Uteri* gently down into its proper Situation.

## C A S E XI.

I was sent for, about Six Months since, to a Woman who had before spoke to me to attend her in her Labour. On Examination I found the *Os Uteri* high and out of Reach, with the Head of the Child firmly fixed on the *Pubis*.



I laid her in a proper Posture, and endeavoured to bring the Womb, with the Head of the Child, down into the *Pelvis*, as directed. The Pains were so strong and quick, that I was obliged to wait some Time till they slackened, before I could disengage the Mouth of the Womb and the Head of the Infant ; for in this Case the Pains being so very violent, instead of promoting Delivery, they greatly hindered it. But as soon as the Pains abated, I brought the Womb into its right Position ; and then encouraging the Woman to strive with her Pains, I delivered her in a little Time.

## C A S E XII.

I was lately sent for to a Woman about five Miles from this Town. When I came I found that the  
Waters

Waters had gradually discharged themselves, and that the Head of the Infant, with the *Os Uteri*, was pitched on the *Pubis*. I laid the Woman in a proper Posture, and the Pains being very moderate, I soon brought the Womb, with the Head of the Child, into their proper Situation; and then encouraging the Woman to strive with her Pains, I soon delivered her, by giving the common Assistance.

When the Mouth of the Womb, and Head of the Infant, are disengaged from the *Pubis*, and brought fairly into the *Pelvis*, then the Woman is to be encouraged in her Pains, and stirred up to Labour as much as possible. She may be now raised a little up, taking Care that the lower Part of the Body is not moved.

By this Means the Womb, by its own Weight, will fall lower down. The Head of the Child is to be cleared of the Womb, by gently dilating the *Os* with the Fingers, and thrusting it back over the Head.

Of an  
oblique  
Situation  
of the  
Womb  
sideways.

The Womb cannot immediately be flung on either Side, because its Ligaments being inserted on each Side, support it; so that it must fall backwards before it can incline to either Side. By which Means, when this Obliquity happens, there is a very great Distortion of the *Uterus*.

The  
Signs of  
it.

The Signs of this oblique Situation are, the Mouth of the Womb being high, and so far out of Reach, that only the lower Border of the *Os Uteri* can be touched; the *Aquæ furtivæ*, or stealing Waters. In this Position of the Womb it is  
al-



always best to search for, and deliver by the Feet early in Labour, as in this distorted State of the *Uterus*, if the Head of the Infant should, with great Difficulty, be brought into the *Pelvis*, the Shoulders will succeed; and, as they take up a much larger Space, it will be almost impossible to remove them: So that, by delivering Feetways the Mother will be less exposed, and the Infant's Life saved, which by Delay may be destroyed by the Head's being pressed by the Force of Pains on the Edge of some Part of the *Pelvis*. But if Delivery be attempted, by bringing down the Head, the best Method of doing it is by placing the Woman on the contrary Side to the Obliquity, with her upper Parts a little raised; so that the Womb may fall back again by its own Weight. The Fingers

of the Hand (which is the most convenient) are to be introduced, if possible, to the upper Border of the *Os Uteri*. By this Means the Womb is gently to be brought down into the Cavity of the *Pelvis*.

### C A S E XIII.

I was sent for to a Person in this Neighbourhood, about a Year ago. On Examination I found the *Os Uteri*, with the Head of the Infant, on the right Side. I immediately laid her on that Side, and introducing my left Hand, gently brought down the Mouth of the Womb; at the same Time, by applying my right Hand externally, I raised up the *Fundus Uteri* into its proper Position, after which the Birth soon happily succeeded.

It

It often happens, that there is a <sup>Of the Prolap-  
sus Vagi-  
næ or  
Uteri, in  
Labour.</sup> falling down of the *Vagina* in the Beginning of Labour (occasioned by a former hard Delivery, or some other Accident) which hinders the Operator from examining the Patient. In this Case the Woman is to be laid with her Head and Shoulders low, and her Hips raised. The *Vagina* being replaced by gently putting it up, she is to be kept, during her Labour, as nearly as possible in that Posture; and the Hand is constantly to be kept up (till after the Birth of the Child and Extraction of the *Placenta*) to prevent its being forced down again by the Strength of the Pains. Also, if the Woman be troubled with a bearing down of the Matrix itself, it is constantly to be supported by the Hand till the Delivery is over.

Of



Of the instrumental Method of  
DELIVERY.

**H**AVING fully considered and explained the several Methods of the manual Delivery, as well in the most easy Labours as those attended with Difficulties, we come now to treat of those few Cases where the instrumental Method must from Necessity take place; but which ought never to be done till all other Methods have been tried in vain.

The most difficult Labours are occasioned either from the bad Formation of the *Pelvis*, from the Head or any other Part of the Infant being proportionably too large for the *Pelvis*, so that it cannot pass through; or from the Head of the Infant being fallen down into the Cavity of the *Pelvis*, and is there

so streightned along with the Shoulders, that the least Descent is not perceived on the strongest Pains.

The *Pelvis* is sometimes so small, Of a difficult Labour, from the bad Formation of the Pelvis. from the prominent Part of the lowest *Vertebræ* of the Loins, and the uppermost of the *Sacrum*, leaving too small a Space between them and the *Pubis*. This unhappy Make of the Mother is the Occasion of the most difficult Labours; for in this Case, though the Womb, in respect to its own Situation, be right, yet, from the bad Formation of the Bones it is rendered oblique in regard to the Passage. So that, in this Case, it is almost impossible for a Woman to have a live Child, unless it should happen to be extremely small; for if the Head be large, it will be impossible for it to pass: And, in order to save the Woman's Life, the Head must be lessened in the Manner I shall presently direct; and which,

which, I think, is much preferable to the Crotchet on many Accounts.

Of a difficult Labour from the Largeness of the Infant.

When the Head, or any other Part of the Infant is proportionably too large for the *Pelvis*, so that it cannot pass through, it must be lessened, for the Preservation of the Woman. It sometimes happens that the Head is dropfical : The Instrument described by *Daventer*, in the Appendix to his *Ars Obstetricaria*, is much the best to let out the Water, as it may be introduced without any Hazard. As also a Collection of Water may be contained in the *Abdomen* ; so that the Infant will stick at that Part on Account of its unusual Size : That Instrument may also in this Case be advantageously used. It also happens, that the Head of the Infant is sometimes larger and more ossified than ordinary ; so that it cannot pass the *Pelvis*. The Instrument called the Crotchet



Crotchet has generally, on this Occasion, been made Use of. I think it very dangerous ; for notwithstanding the greatest Care, the Woman may be wounded. I have three Times in my Practice met with this unwelcome Office ; and have rather chose to make an Incision into the Head with an Instrument well guarded with Tow to the Point. The Incision may be enlarged with the Fingers, and the Head lessened by compressing it close. If it should happen to stick at the Shoulder, then the Hand is to be passed by the Head, and the Shoulder dislodged. As after the Incision is made, there is no Occasion for the Use of any thing but the Fingers ; there is no Injury can happen to the Woman, which there would be by the Use of the Crotchet, should it happen to slip.

C A S E

## C A S E XIV.

I was sent for, about ten Years since, to a poor Woman in a Village in *Bedfordshire*. When I came, I found her attended by a Midwife, who had kept the poor Creature till she was almost spent, having been some Days with her. On Examination I found the *Pelvis* extremely small and ill formed, and the Head of the Child large, which was so much pressed by the Force of the Pains, that I could not move it with all my Strength. I immediately lessened the Head of the Child, which had been for a considerable Time dead, and delivered her in a short Time; who, contrary to my Expectation (as she was much spent) recovered.

C A S E

## C A S E XV.

I was sent for, above a Year ago, to a Woman about six Miles from this Town, whom I found attended by a Midwife, who had been with her for some considerable Time. On making a proper Enquiry, I found the *Pelvis* very small, and the Head of the Child large, the Woman near forty Years of Age, and the first Child. I tried all the Methods possible, for a considerable Time, in Hopes of delivering her, without being obliged to come to the instrumental one. But at last finding that the Child was dead, and that she could not be delivered without, I was forced to lessen the Head, which I did, and delivered her in a few Minutes.

As



As soon as I had separated the Child, I immediately passed my Hand, which is my constant Practice, and found the Mouth of the Womb so strongly contracted, that I could by no means introduce even a Finger into it. I endeavoured to open the *Os Uteri* by passing a Finger ; but the Contraction was so very strong, that I believe the Mouth of the Womb would sooner have been broke, than yielded to my Fingers. By the Feel it was like a Purse strongly drawn up. In this Case I thought proper to desist, and endeavoured, by proper Medicines and external Applications to relax the Womb, before I again attempted the Extraction of the *Placenta*. I waited twelve Hours, and on Examination found that the Mouth of the Womb would not then admit of the Operation; on waiting twelve Hours more,

more, and giving softening Medicines, I perceived that the *Os Uteri* was quite relaxed, and fetched the *Placenta* whole, without any Difficulty. The Misfortune attending this Case was, that she never had the least Appearance of the *Lochia*, which occasioned a bad Fever. She was, in every other Respect, as well as any Woman in her Condition could be. With great Difficulty, in her Labour I prevailed on her to bleed, which has a very good Effect in plethoric Habits. By emptying the Vessels the Parts are more lax; so that they easier give Way. I proposed to bleed her again, in order to abate the Fever, by supplying the Defect of the necessary Evacuation from the *Uterus*: But notwithstanding all the Arguments that was possible to be made Use of, could by no Means prevail. I gave  
I her

her Medicines to promote the Clean-  
 sings, which was the only Intention  
 in this Case ; viz. Boles made of  
 the *Pulv. rad. Cont. C. Pulv. de*  
*Myrrh. C. Castor. russ. Sp. Ceti, &c.*  
 drinking after them Draughts pre-  
 pared of *Aq. Puleg. S. Bryon C.*  
*Tinct. Castor. russ. Syr. Artemis,*  
 making Alterations in the Medi-  
 cines, as the Symptoms indicated.  
 She was so well at the Fortnight's  
 End as to sit up, her Fever much  
 abated, and free from any Pain ; so  
 that I entertained great Hopes of her  
 Recovery. Coming again three or  
 four Days afterwards, I found the  
 Fever returned, with bad Symp-  
 toms ; and on Enquiry found, that  
 from the Time I had before seen  
 her, she thought herself so well, as  
 entirely to leave off the Use of the  
 Medicines. I had now but little  
 Hopes of her doing well, and ac-  
 cord-



cordingly, at near the three Weeks from the Time of her Delivery, she expired.

The Cause of this Woman's Death was entirely owing to the Suppression of the *Lochia*. But I am of Opinion, had she consented to have bled freely, and not at once to have left off the Use of the Medicines, there might have been a Probability of her Recovery.

#### C A S E XVI.

I was some Time since sent for to a Tradesman's Wife, about four Miles from this Town, where I found two Midwives, and a young Gentleman attending. The Woman had been a considerable Time in Labour; she was between thirty and forty Years of Age, and of her

first Child. On Examination I found that the Head of the Child was more than ordinary large. I tried all I could to bring it through, but to no Purpose ; and as the Child had been a considerable Time dead, there was nothing to be thought of but the Preservation of the Woman. I delivered her by lessening the Head of the Infant, which when I had done, the Shoulders being so large, stuck on the *Os Coxendicis*. I passed my Hand by the Head to the Shoulders, which I soon released. The Infant was the largest I ever saw, but the Head, from its unusual Size, might truly be termed monstrous, and which was more than ordinary ossified. From the Head of the Child pressing for a considerable Time on the Neck of the Bladder, there remained a Weakness of its Sphincter for a few Months ;

Months ; but by taking some re-  
stringent and strengthening Medi-  
cines, and keeping herself quiet, she  
is now perfectly recovered.

Indeed, as the Head of the Child  
was monstrously large, I wonder  
that there was no Laceration of the  
Parts, which sometimes in these  
Cases, notwithstanding the utmost  
Care, will happen. The Practi-  
tioner is generally blamed when  
Accidents of this Kind fall out, but  
very often undeservedly ; for the  
Head being forced down by the  
Strength of Pains, and the Parts  
not so readily giving Way in the  
first Labour (especially if Women  
are advanced in Years) are more  
liable to be injured. And this  
more frequently happens from the  
Head of the Infant than from the  
Hand of the Operator.



When  
the Head  
of the In-  
fant is  
come  
very low  
into the  
*Vagina*,  
and the  
Pains  
are weak.

When it happens that the Head of an Infant is advanced very low into the *Vagina*, and the Woman kept so long, that the Pains are almost gone, and she a good deal spent; so that there is no Hopes of succeeding by the manual Operation, then the Delivery must be performed by taking Hold of the Head of the Child with the Forceps, or by passing a Fillet over its Head. This can only be done when the Head is extremely low.

Of a dif-  
ficult La-  
bour  
from the  
Head be-  
ing fallen  
into the  
Cavity of  
the *Pel-*  
*vis*, and  
straitned  
with the  
Shoul-  
ders.

In treating of Obliquities of the Womb, I have shewn the great Danger there is of letting the Head of the Infant slip into the Cavity of the *Pelvis*, in a Womb very oblique, because of the great Danger of the Shoulders lodging on the *Ossa Coxendicis*, or *Pubis*, which is one of the most difficult and dangerous Positions

tions that an Infant can be in ; to avoid this terrible Situation, I have advised delivering by the Feet, preferable to the Head. But if by Neglect or Ignorance this happens, the best Method of rectifying it is to be considered. If the Infant be alive, I would not advise the destroying it before more gentle Methods were tried. If the Hand of the Operator be suited to the Business, and be well experienced, if the *Pelvis* of the Woman be tolerably well formed, and the Head of the Infant not large, it is possible, by passing the Hand up to the Shoulders, that they may be released. If this cannot be done, then the Head is, if practicable, to be returned into the *Uterus*, and the Hand to be passed by it, and the Infant to be extracted by its Feet. But if this cannot be performed,

formed, then the Infant must be extracted as if it was dead.

Of ex-  
tracting  
the Head  
of an In-  
fant,  
when left  
in the  
Womb.

If the Method which I have recommended of extracting the Infant, by drawing quite down towards the *Rectum*, when it comes to its Head, be followed, there will be no Danger of this Misfortune. *Mauriceau* and Dr. *Heister* say, That by introducing two Fingers into its Mouth, and placing the Thumb under its Chin, and pulling by the Jaw, it is to be extracted. Mr. *Chapman* says it cannot be done that Way, but recommends the Crotchet; and so does *Mauriceau*, as well as a Knife, if the other Method which he has advised should fail,

Dr. *Chamberlain*, in his Notes on the last mentioned Author, very  
wisely



wisely discountenances this Practice. Dr. *Heister* and *Mauriceau* both propose another, with a Piece of Linnen about an Ell long, and four Fingers in Breadth, to be brought round the Head : But *Chamberlain* says, this is a very uncertain Method; and truly I am of his Opinion.

For my own Part, I never met with this Accident ; and I believe whoever follows the Method I have proposed (which is the same that Dr. *Daventer* recommends, and who, in his *Appendix* says, that he himself never met with it) will be in no Danger of it, unless the Child is very much putrefied. But in Case this Accident should happen, I would not advise the Use of sharp Instruments, as the Crotchet or Knife; and think the Piece of Linnen not very likely to succeed. In  
this

this Case I should rather approve of the celebrated *Amyand's* Method of extracting it with a Net, which is made of Silk, almost like a Purse, with Strings to draw it close, and large enough to contain the Head of a Child : The Net being hung on the Fingers of the right Hand, it is passed into the *Uterus*, and the Head being taken into the Palm of the Hand, and held tight, the Operator endeavours to engage it in the Net ; which when he has done, with the other Hand he pulls the Strings, which are long enough to hang out ; when the Net is close, then draw, and the Head will be brought away, without any Danger of hurting the Woman. The *Placenta* is not to be extracted till after the Head is brought away, because that may occasion a Flooding ; unless

unless the *Placenta* should be separated, then it may be first extracted.

### C H A P. VIII.

Of the WOMB and PLACENTA, with the proper Method of separating them.

**A** Natomists have varied very much <sup>Of the Sub-  
stance of  
the Womb  
when im-  
preg-  
nated.</sup> in their Opinions concerning the Substance of the Womb during Pregnancy. Some have asserted, that the more the Womb is distended, the thinner it grows, comparing it to a Ball of Wax, which, the more it is expanded, is rendered proportionably thinner. Others again with equal Positiveness have declared, that the Womb grows thicker as the Woman advances in her Pregnancy. It is to be sure very wonder-



derful, that the more any Substance is distended, the thicker it should be, especially such an Extension as the Womb at this Time suffers. If the Womb was to grow thinner in Proportion to its Expansion, as Wax, Paste, &c. it would be almost impossible for a Woman to survive a Delivery. For if the Womb was so very thin, by the common Motion of a *Fœtus in Utero*, the Leg or Arm of the Infant would be liable to be thrust through, which in emaciated Persons has sometimes happened. But if that Accident was to be avoided, the Hand of the Operator could never be introduced into the Womb without the greatest Hazard ; for the *Uterus* in so flaccid a State would hang about the Hand like a wet Rag, and which could not be moved without the Danger of tearing it to Pieces.

But

But as wonderful as it is, it is no less certain, that the more the Womb is distended, the thicker it grows. Surely, the Wisdom of the Great Creator cannot be sufficiently admired! In this Place I cannot forbear breaking out in the Words of the Royal Psalmist, *My Reins are thine; thou hast covered me in my Mother's Womb. I will give Thanks unto thee, for I am fearfully and wonderfully made; marvellous are thy Works, and that my Soul knoweth right well. My Bones are not hid from thee, though I be made secretly, and fashioned beneath in the Earth. Thine Eyes did see my Substance, yet being imperfect; and in thy Book were all my Members written; which Day by Day were fashioned, when as yet there were none of them.*

I have had frequent Opportunities of satisfying myself in this Particular, on Account of the great Number of Cases I have had in my Practice, where I have been sent for to separate *Placentæ* that have strongly adhered to the Womb. And in this Operation, as I have always one Hand in the Womb, whilst the other is externally applied to answer to that within; by which Means it is very easy to distinguish the true Thickness of it; I am thoroughly satisfied, that in all healthy Subjects the Womb is considerably thickened.

The  
Cause of  
it.

The Womb itself consists of an innumerable Quantity of Blood-Vessels, which increase in their Diameter as the *Fœtus* grows bigger, on Account of the larger Efflux of the Blood to those Parts for its Nourish-



rishment. So that those Vessels which chiefly compose the Substance of the Womb, and are very small before it is impregnated, as the *Fœtus* increases grow gradually larger ; so that towards the End of Pregnancy the Diameter of those Vessels are greatly encreased ; which induces me to believe, that the Womb's growing thicker is entirely owing to the Increase of the Diameter of the Blood-Vessels. And what the more confirms me in my Opinion is this, that when there has been large Fluxes of Blood before Delivery, the Womb is much thinner than where there has been none. Indeed, in hectic Constitutions, where the whole Body is wasting, there is no doubt but the Womb shares with the other Parts ; and in these morbid Subjects may be thinner.

I

The

Of the  
*Placen-  
ta*, and  
its Mem-  
branes.

The impregnated *Ovum* being, as it were, ingrafted to the *Fundus Uteri*, the Fibres of each inosculate with one another ; from whence there is formed a large *Plexus* of Blood-Vessels, to maintain the Circulation between the Mother and Infant, which is called the *Placenta*. The outward Membrane of the *Ovum* forms the *Chorion* and *Amnios*, which Membranes inclose the *Fœtus*, and contain the Moisture which comes from it, during its Residence in *Utero*, and which afterwards is of so much Use in Delivery, by opening the Womb, and lubricating the Parts, for the more easy Exclusion of the *Fœtus*. The *Funis Umbilicalis*, which consists of two Arteries and a Vein, is continued from the *Placenta* to the *Fœtus*, and is the immediate Canal by which the Circulation is kept up between

*Funis  
Umbilica-  
lis* what,  
and its  
Use.

tween them. The Infant being <sup>Of ex-tracting the Pla-</sup> born, the *Placenta* or After-birth <sup>centa.</sup> being now quite useless, must also be brought away, otherwise by putrefying, it will occasion the Death of the Woman. It is called the After-birth, because it follows the Child, the Delivery being not compleat till it is extracted; and sometimes the Woman suffers as much by the Extraction of this, as by the Birth of the Child.

As soon as the Child is born, I always separate it immediately from the Mother, by dividing the String at about three Inches distant from its Belly. There being no Nerve joined with the Blood-Vessels in the *Funis Umbilicalis*, there is no Pain in this Operation to either Mother or Child. I lose no Time in tying

K the



the String, but always desire the Midwife or Nurse to do it.

As soon as possibly I can, I introduce my left Hand gently into the Womb; by which Means I hinder its Mouth from contracting itself; and if the *Placenta* should strongly adhere to the *Uterus*, the Hand will be ready to separate it with little Trouble.

One Hand being thus introduced, I gently shake the String with the other, not in the least pulling by it, which would endanger the breaking it off, or run the Hazard of pulling down the *Uterus* itself with it. The Woman may bear down, as if she had Pains; by which Means the *Abdomen* being compressed, the *Placenta* will be forced down-

downwards. It will be soon known, by means of the Hand in the Womb, whether the *Placenta* be loose, or whether it adhere firmly to the Womb. If it be loose, the Means proposed will be sufficient; if it adhere, the Hand is gently to be pass'd to it, and by finding its Adhesion, is gently with the Fingers to be separated; whilst with the other Hand externally applied, to answer to that within, by gently compressing the *Abdomen*, where the *Placenta* adheres, will be of great Use. The greatest Caution is to be had, that the Womb itself is not injured. If the String should be broke off, at or near the *Placenta*, it should be observed, that the *Placenta* always adheres to the *Fundus* or Bottom of the Womb. Some Writers have mentioned, that they have found it adhering to the Side

of the Womb ; but not being acquainted with its oblique Positions, when they have found the Womb obliquely situated, imagined that the *Placenta* adhered to the Side of it, which truly was owing to its Obliquity, when the *Fundus* itself was fallen on one Side. And in this Case the Mouth of the Womb will not be found in its proper Situation, but on the contrary Side : So that whether the Womb be rightly or obliquely situated, the *Fundus* is always opposite to the *Os*.

Of the  
spasmo-  
dic Con-  
traction  
of the  
*Os Uteri*.

It sometimes happens, that there shall be a spasmodic Contraction of the *Os Uteri*, instantaneously after the Birth of the Infant. Some Authors have asserted, on this Head, that there was no *Placenta* ; others, that it was contained in a Cell or Bag of the *Uterus*, so as not to be found.



found. But the Truth is, that the *Os Uteri* itself is in this Case drawn up like a Purse, by a spasmodic Contraction. I have met with it four or five Times in my Practice; (one remarkable Instance I have already given in Case XV. of this Symptom) and am of Opinion, when this happens, that it is much better to wait a few Hours till the Spasm is off, than by Force to endeavour to dilate the Mouth of the Womb; in doing of which, there is the utmost Danger of injuring the Woman, by lacerating the *Uterus*, whereas by waiting, no ill Consequence can happen; and when the Spasm is off, the Mouth of the Womb being relaxed, by Degrees opens itself, so that the *Placenta* may be extracted with great Ease. I am afraid, that Errors are sometimes committed for want of

the Knowledge of this Symptom, by too forcibly opening the Womb.

This, I think, is the only Case that forbids an immediate Extraction of the *Placenta*, because of the great Danger there is of hurting the Woman, by being obliged to make use of too much Violence. But as soon as the Spasm is off, which will be known by the Mouth of the Womb being relaxed, and opening itself, then the Hand is gently to be introduced, and the *Placenta* extracted. In Case of Twins and distinct *Placentæ*, the *Placenta* belonging to the first is not to be extracted till after the Birth of the second Child ; which will occasion a Flooding, as the Mouths of the Vessels cannot contract themselves, so long as the Womb is distended with a Fœtus.

In

In all the Cases that I have met with, where there were Twins, I have found the *Placentæ* always joined : And once I met with three, which has been already mentioned in Case VI. where they all grew together. I found some Difficulty in extracting them. The Method I pursued was this : After I had separated them with my Fingers from the Womb (which they strongly adhered to) I was obliged to withdraw my Hand from the Mouth of it, to let the *Placentæ* pass ; but by keeping up two Fingers in the *Vagina*, and gently using them to bring the *Placentæ* through the *Os Uteri*, at the same time shaking the Strings, I brought them through entirely whole, in a few Minutes. The *Placenta* being extracted, if you are obliged to withdraw your Hand (which in the Case above-mentioned



I was) it is again to be introduced ; and if there be any Clots, a false Conception, or any Part of the *Placenta*, they are gently to be brought away. The Womb being well cleansed, a great many Complaints will be avoided, which would otherwise happen from any of these Bodies being left and shut up in the Womb. But all this requires great *Judgment, Care, and Caution.*

If the Woman be liable to a *Pro-lapsus Uteri*, the *Placenta* is to be separated with the Fingers, and brought away without shaking or pulling the String, or suffering the Woman by any Means to bear down. Afterwards she is to be laid on her Back, with her Head low, and Hips raised.

If

If the Womb be oblique, it is with the Hand to be properly placed; and when that is done, the Hand is not to be withdrawn till you find the Womb begin to contract itself about it; then draw it out, and place the Woman as above directed.

Out of a great Variety of Cases which I could give on this Occasion, I think the three following will be sufficient.

#### C A S E XVII.

About six Years ago, I was sent for to a Woman, who was just delivered of the Child. The Midwife finding the *Os Uteri* quite close, immediately sent for me: I found that there had been a strong spasmodic Contraction of the *Os Uteri*;  
but

but that it began again to be so much relaxed, that I could introduce two Fingers into it; by Degrees I got in another, and at length my whole Hand; and immediately perceived that the *Placenta* strongly adhered to the *Fundus Uteri*. I separated it with my Fingers, and brought it away in about ten Minutes.

I was sent for to the same Woman, about two Years afterwards, on the like Occasion, when the Contraction was so very strong, that I was obliged to wait fifteen Hours before I could attempt the Extraction of it; and contented myself with giving her some gentle Emmenagogues, and using Fomentations to the *Abdomen*; at the Time above mentioned, the Mouth of the Womb being quite relaxed, the  
Pla-



*Placenta* was brought away without any Difficulty, and no bad Symptoms succeeded.

## C A S E XVIII.

I was sent for some Time since to a Woman in this Neighbourhood. The Child had been born some Hours. I found the *Os Uteri* open enough to receive two Fingers; by Degrees I got in a third, and at last my Hand, and perceived that the *Placenta* strongly adhered in its whole Substance to the Womb. I separated it with my Fingers very cautiously, and in about a Quarter of an Hour extracted it quite whole. The Woman soon recovered.

## C A S E

## C A S E XIX.

I was sent for, about nine Months ago, to a poor Woman about five Miles from me. The Midwife told me, that she had delivered her of an abortive Infant, of about seven Months; and that she believed that there was a false Conception behind. The poor Woman was quite emaciated, as in the last Stage of a Consumption, and seemed to be, from violent Pain, almost expiring: There came from her a very foetid Discharge. On Examination I found the Body, that the Midwife thought a false Conception, was the *Uterus* itself, quite scirrhus; and to the Feel was like the Head of a Child. The *Placenta* was shut up in the Womb, with the String broke off. I perceived a great Hardness all  
round

round the *Os Uteri*, which would scarcely admit of one Finger. Having, however, introduced one, with great Difficulty, got in another, with my two Fingers I made, as it were, a Crab's Claw, and so pulling gently the *Placenta* down to the *Os Uteri*, I by Degrees work'd it through ; so that I brought it away (notwithstanding it was very much putrified) quite whole. This was a very difficult and nice Operation, which I performed with as much Ease as was possible, both to myself and Patient. Indeed, I did not think that she could have survived that Night ; but giving her anodyn Medicines from time to time, which was all that could be done for her, to keep her the little Time she had to live as easy as possible, she survived, contrary to my Expectation,

five



five or fix Days. Mr. *Chapman's* Thirty-fifth Case was exactly like this.

## C H A P. IX.

### Of FALSE CONCEPTIONS.

*A Mola,*  
*what.*

**I**T sometimes happens, that there are false Conceptions in the Womb, which are termed *Molæ*. *A Mola* is a fleshy Excrecence, without Bones, or any regular Form, and is joined to the *Uterus* itself, without the Intervention of a *Placenta*.

*Causes.*

It is often occasioned by the Retention of some Part of the *Placenta*, which closely adhering to the *Uterus*, grows by Degrees, and forms this fleshy Mass: So that it

has sometimes happened, as several Writers have mentioned, that some chaste Widows have had these *Molæ*. A Concretion of the *menstruous Blood*, an *Ovum* not properly impregnated, or a bad State of the *Uterus*, may also occasion this unnatural Conception. They are often bred with a *Fœtus*, and excluded with it, as also frequently in the *Uterus* by itself. When they are discharged from thence, which generally happens about the third or fourth Month, the Woman has rather more Pain than in a real Delivery, and the Hæmorrhage sometimes so large as to endanger the Patient's Life.

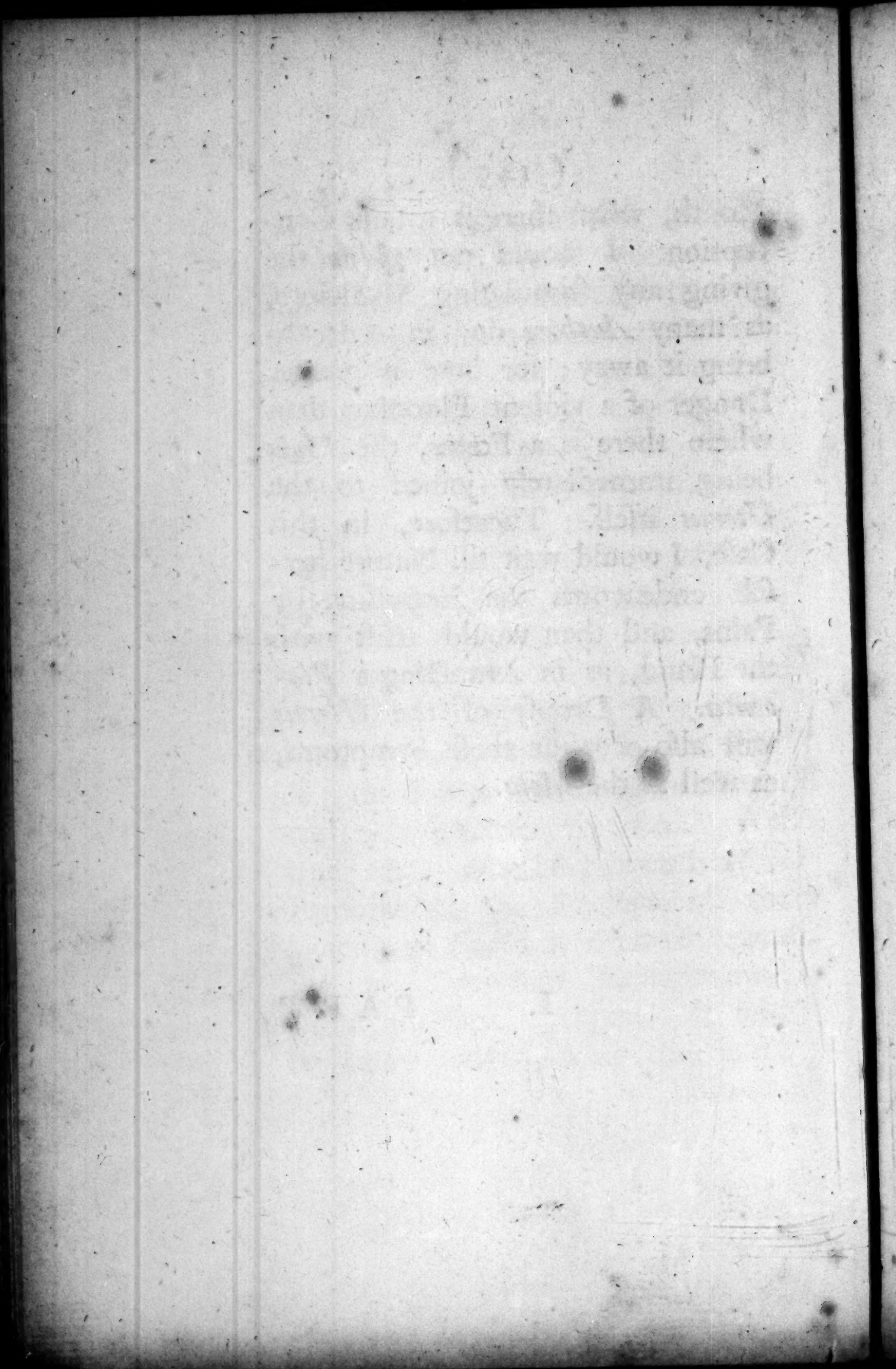
But sometimes a *Mola* is retained for several Months in the Womb, and acquires a Size sufficient to distend the *Abdomen*, as when there is

How to distinguish a false from a true Conception.

is a Fœtus. In the first Months, it is difficult to distinguish, whether the Conception be true or false, but after the fourth Month they are easily known, as about that Time the Mother begins to find the Motion of the Infant: Where there is a Fœtus, the Belly is prominent; but where a *Mola*, the *Abdomen* is equally distended. The *Mola* is observed to fall from one Side to the other, when the Woman turns herself, which a Fœtus does not. The Breasts are filled with a Serum, instead of Milk, when there is a *Mola*; the Symptoms are more violent with a false Conception than with a true one, especially excruciating Pains about the Regions of the Loins and *Pubis*, a vitiated Appetite and dejected Countenance. From all these Symptoms it may be easily judged, after the fourth Month,



Month, when there is a false Conception. I would not advise the giving any stimulating Medicines, as many *Authors* do, in order to bring it away; for here is greater Danger of a violent Flooding than where there is a Fœtus, the *Mola* being immediately joined to the *Uterus* itself. Therefore, in this Case, I would wait till Nature herself endeavours the Expulsion by Pains, and then would assist with the Hand, as in extracting a *Placenta*. A Dropfy of the *Uterus* will also occasion these Symptoms, as well as the *Mola*.



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P A R T III.

C H A P. X.

Of the Disorders of WOMEN, after  
DELIVERY.

**W**HEN a Woman is delivered, she is not out of Danger, because there are many Disorders that are the Consequence of Delivery, and that require the utmost Care and Attention.



Of  
Flooding  
after De-  
livery.

Causes.

A too violent Separation of the *Placenta*; a Woman being too much heated by a hard Labour ; a large Quantity of volatile and cordial Medicines having been given her at that Time ; or a Relaxation of the Mouths of the Blood-Vessels : One or more of these Causes may occasion a Flooding, which, if violent, is attended with great Danger. The same Method, as proposed for the Continuance of the menstrual Flux during Pregnancy, and for Floodings before Delivery, will be also proper here. The Woman is to be kept still, quiet, and cool. If the Flooding be extremely violent, apply Cloths dipped in † Oxycrate to the Belly, Loins, and private Parts.

Cure.

† Vinegar and Water.

Of

Of the Advantage of this Method  
I have had several Instances, and  
which is very justly recommended  
by most of the modern Writers.

The *Lochia*, or Evacuations pe-<sup>Of the  
Lochia.</sup>culiar to Women after Delivery, are  
occasioned by the Separation of the  
*Placenta* from the *Uterus* : For an  
infinite Number of small Vessels  
having insinuated themselves into  
the hypogastric Blood-Vessels, on  
their Separation, the Mouths of the  
Vessels being opened, and a sudden  
Stop being put to the Circulation by  
the Birth of the Child, there must  
be a Surcharge of Blood ; which, if  
not discharged, would occasion a bad  
Fever, as well as an Inflammation  
and Gangrene, from its Stagnation  
in the Vessels.

A Sup-  
pression  
of the  
*Lochia*,  
of the  
most  
danger-  
ous Con-  
sequence.

Cure.

From what has been already said, it is very evident, that a Discharge from the Vessels of the *Uterus* is absolutely necessary for the Preservation of the Woman: Therefore a Suppression of the *Lochia* is always deemed a very dangerous Symptom; and, if not promoted, generally occasions the Death of the Patient. It will be proper to bleed, especially if the Woman is of a phlethoric Habit; which, by emptying the Vessels, answers, in some respect, the Want of the natural Evacuation, as well as abates the symptomatical Fever, which is always in this Case very high. Emollient Fomentations applied to the *Abdomen* are frequently of great Use; Glysters a little stimulating are very proper.

The



The following Medicines may be given.

R Pulv. rad. Cont. C. Sp. Ceti āā ʒß. Pulv. de Myrrbā. C. Castor. russ. āā. gr. vi. Syr. Artemis. q. s. Bolus sumend. 4tā vel 6tā quāq. horā. superbibend. Cochlear. iv. Julap. seq.

R Aq. Puleg. S. ʒvi. Bryon. C. ʒij. Tinct. Castor. russ. ʒiß. Syr. Artemis. Croci. āā ʒß. M. f. Julap.

Vel R Pulv. é Chel. C. C. Pulv. rad. Valerian āā ʒß. Pulv. de Myrrba C. gr. viii. Syr. Croci q. s. Bolus sumend. 6tā quāq. hora superbibend. Haust. seq.

R Aq. Puleg. simp. ʒiß. Bryon. C. ʒii. Tinct. Castor. Rad. Valerian āā gr. xx. Syr. Croci ʒiß. M. f. haustus.

When the Flux has continued five or six Days, then the Discharge is changed, by degrees, into a thin Matter, which is vulgarly called the *Green Water*. At the Fortnight's

End there is generally a fresh Return of Blood. If there be too small a Quantity of the *Lochia*, the Medicines, as already prescribed, will answer the Intention.

An im-  
mode-  
rate Flux  
of the  
*Lochia*.

Cure.

It sometimes happens, that there is too large a Discharge of the *Lochia*, from the same Causes which are mentioned in the Case of Floodings, and which require the same Method of Cure.

## C A S E XX.

I had, about a Year ago, a very remarkable Case of a Tradesman's Wife in this Town, whom I delivered of her first Child. She continued as well as could be till the fourth Day, when, by overheating the Room, the Blood was put into such a Motion, that she had a most  
vio-

violent Flux : All the styptic and acid Medicines that could be given her, had no Effect. When I ordered her Body to be quite covered with Cloths dipped in Oxycrate, and to be renewed every five or six Minutes, as long as she could well bear it, which (by the Blessing of God) saved her Life, by immediately stopping the Flux.

Women are troubled with Pains <sup>Of After-</sup> after Delivery, and which are called After-pains on that Account. If they be moderate, they are of great Use ; by gently stimulating the Blood-Vessels, they promote the necessary Discharge ; but if too violent, then an Anodyn may be given ; as,

*Rx Aq. Puleg. simpl. ℥i℥. Bryon. C. ℥ii. Liq. Cure.  
Laud. gt. xx. Pulv. rad. Cont. C. gr. xv.  
Syr.*



*Syr. Papav. Errat. ℥ii. M. f. Haustus stimendi. statim. & repetend. pro re natâ.*

The following Linctus will be of Service.

*R Ol. Amygd. d. ℥ii. Syr. Albæ. Capil. Ven. āā ℥i. Papav. Errat. ℥vi. Sp. Ceti ℥iiii. solv. in Vitello ovi, q. s. Conf. Anthos. ℥ii. Spt. Lav. C. ℥i℥. M. f. Linctus Cochlear. larg. sumend. subinde.*

Of a  
Fever.  
Cause.

Most Women have more or less of a Fever about the fourth or fifth Day, which is occasioned by the Increase of the Milk, and a Diminution of the *Lochia*. There is not much Occasion for Medicine in this Fever, because it generally goes off in a few Days. But Fevers from any other Cause, and which continue for any Time, and the *Lochia* in too small a Quantity, are

are dangerous. The Cleanfings are by all means to be promoted, and Medicines to be given, as the Symptoms require. In these Fevers, whilst there is a Fluxion in the *Uterus*, Blisters are to be omitted.

Women are often troubled with <sup>Hysteri-</sup> Hysteri-<sup>Disor-</sup> Complaints after Delivery, <sup>ders.</sup> especially if there has been a Deficiency of the *Lochia*. <sup>Cure.</sup> Antihys-  
 teric Medicines are to be given; and a Galbanum Plaister applied to the Navel, may be of Use. A hard Labour is sometimes succeeded by the falling down of the *Rectum*, <sup>Proci-</sup> which ought to be replaced as soon <sup>dentia</sup> as possible, by laying the Woman <sup>ani.</sup> on her Belly, and applying emolient <sup>Cure.</sup> Fomentations, gently pressing up the Part; at the same Time desiring the Patient to draw up her Breath. When the Part is replaced, restrin-  
 gent

gent Fomentations are to take Place, to hinder the Return of this Disorder.

*Prolapsus  
Uteri &  
Vaginæ.  
Cause.*

Sometimes after a hard Labour the Ligaments of the Womb being greatly relaxed, occasion a Bearing down of the *Matrix*; it is as soon as possible to be replaced. The Woman is to be laid on her Back with her upper Parts low, and the under Parts raised. Restraining Fomentations are to be used. As,

Cure.

R Cort. Granator. Flor. Balauſt. Roſar. r. āā  
ʒi. Bol. Armen. Terræ Japon. Alumin. Com.  
āā ʒvi. Coque in Suc. Pomi Sylveſtr. & Vini  
rubr. āā lbii. Colatur, lbiii. fiat Fomentatio.

If a Weakneſs remain, a Peſſary may be wore for ſome Time. A *Prolapsus Vaginæ* is to be treated after the ſame Method. In a very hard



hard Labour, especially of the first Child, the Head of the Infant pressing to be born, frequently occasions a Distention or Laceration of the Parts; which sometimes cause an Inflammation of the *Uterus* and *Vagina*, which, if not very violent, may be taken off by the Use of some cooling Liniment. But if the Parts be much swelled and attended with a Difficulty of Urine, Costiveness, Fever, or Suppression of the *Lochia*, it is highly dangerous. Bleeding (especially if there be want of the Cleanings) must take Place: Gentle lenient Glysters given now and then will be serviceable. Emollient Fomentations and Cataplasms, with Medicines as in the Suppression of the *Lochia* will be proper here. The *Abdomen* should not be swathed too tight, Rest should be encouraged, and the Diet cooling. If the

Disorders from Injuries done to the Uterine Passages.  
Cause.

Cure.

the Inflammation should be very violent and of any Continuance, there will be Danger of its causing Ulcers, Scirrhus Tumours, or Cancers, which will be very difficult and often impossible to cure. After the Cleansings are stopped, it will be proper to purge ; and in the intermediate Days, Alteratives with Decoctions of the Woods, &c. may be of Service. If the Disorder be violent, a Salivation may be tried.

Dilaceration of  
the *Perinæum*.

From the Cause before mentioned in a hard Labour, the *Perinæum* is sometimes lacerated ; whence the *Fæces* come through the *Pudendum*, as well as by the *Anus*. This Case is not very dangerous, but, if not rectified, very disagreeable. The Parts are to be cleansed, and dried as well as the Nature of them will admit. The Rent must be stitched up,

up, and the Wound dressed with a proper Digestive ; such as *Basil. fl.* <sup>Cure.</sup>  
*Linim. Arcæi Bals. Terebinth. āā*  
*P. Æ. f. Liniment.* Which must be secured by a proper Bandage and Dressings, to be applied twice or thrice a Day. Care must be taken in the Operation, that the Entrance of the *Vagina* is not straitned; which would prove very troublesome in the next Delivery.

If the Woman does not give suck, <sup>Disorders of the Breasts.</sup> and should have a large Quantity of Milk, she should be cautious not to sling it back too suddenly, which might occasion a bad Fever. The Breasts should be shaken now and then to prevent the curdling of the Milk, and may be embrocated with *Sp. Vini Camph.* or *Aq. Hungar.*

I

The



The following Plaisters may be applied :

*R Diachylon S. ℥iii. Sp. Ceti. Cerae alb. āā  
℥iii. Ol. Amygd. d. ℥i℥. Essent. Limon. gt.  
xl. M. f. Emplast. applicand. Mammis.*

From a Stagnation of Milk in the Vessels, an Inflammation is often raised, which may occasion a Tumour. In order to abate the Inflammation, and disperse the coagulated Milk, the following Application may be used.

*R Unguent. é fl. Sambuci Dialib. āā ℥℥. Ol. Rosar. r. Acet. Vini Alb. āā ℥i. Sp. Salis Armoniac. ℥iii. M. f. Liniment. cum quo inungantur partes affectæ, Calidâ Man. bis vel ter in Die.*

After the Use of this Embrocation, the Plaister, as directed, may be applied, and a little Blood taken from the Arm.

But

But if the Tumour should increase, so as to threaten an Abscess, then proper Cataplasms should be applied, to promote the Formation of Matter, and all Evacuations are to be omitted. When the Matter is perfectly formed, so that it may be felt to fluctuate under the Fingers, then the Tumour is to be opened in the most depending Part, and dress'd up with a Digestive, with the Cataplasma over it. There is no Danger of these milky Tumours, unless they degenerate into a Scirrhus or Cancer.





## PART IV.

### CHAP. XI.

#### Of the Disorders of INFANTS.

**A**FTER the Child is born, it must be washed and cleansed; and great Care should be taken in well examining it, to see if it has not received any Injury in the Birth, as Bruises, Wounds, Luxations or Fractures; and also there may be some natural Defect, by a Stoppage of some of the Evacuations, from the Parts not being

M 2                      open;

open : All which ought to be immediately rectified.

The Stomach and Intestines of the Child are full of a viscid Matter, called the *Meccnium*. The first Intention is to cleanse the Child of this, before Food in any Quantity is to be given. For Nature, which is the best Director, does not provide any till some Days after its Birth are expired. Rest, which at this Time is the chief Nourishment of the Child, and the proper Discharge of the *Meconium*, are the principal Matters to be regarded for a few Days.

To encourage the Cleansing, a Tea-spoonful of the solutive Syrup of Roses, or Syrup of Violets, with an equal Quantity of Oil of sweet Almonds mixed together, may be  
now

now and then given. The Pap should be made very thin, and given in small Quantities ; for if much be given before the *Mæconium* is carried off, they ferment together, and occasion Pain ; and the tender Body of the Infant not being able to bear it, is flung into Convulsions. For Want of considering this, Abundance of Children have been destroyed.

All Mothers, of what Condition soever, are, I think, not to be excused from giving Suck to their own Children, if not prevented by any Disorder : But many Women are so sick and weakly, that they are not able ; and on that Account it would not be prudent to attempt it. If Children be strong, and feed well, and do not seem to waste for Want of the Breast, they may very safely



be brought up without it ; but if they be weakly, Milk should be provided for them.

Bruises.

The Child's Head is frequently bruised by its Pressure against the *Os Uteri*, which being hard, and compressing it, occasions a considerable Tumour. Sometimes it is occasioned by the too tight Handling of the Midwife ; or by its being pressed any considerable Time on the Edge of any Part of the *Pelvis*. Other Parts of the Body are also liable to be bruised in Delivery, and which may be occasioned by its bad Position in the Womb, or being a great While in the Passage. The Parts may be embrocated with some such Application as the following.

*R. Sp. Vini Camphorat. Ol. Hyperici. Vini rubr. āā ʒi. Balf. Peruv. ʒii. M. f. Liniment. cum quo innungatur Pars affecta.*

If

If the Tumour suppurate, encourage it by warm Cataplasms of the *Rad. lilie Alb. rad. Althæ. &c.* When Matter is formed, discharge it, and dress with a Digestive. If there be a Fracture or Dislocation, they must be treated as the Case requires.

Sometimes, upon Delivery, especially if it has been a hard one, it is difficult to distinguish if the Child be dead or alive. In this Case it is common to burn something under its Nose, to hold Volatiles to its Nostrils, or spirt a little warm Wine into its Mouth, and rub it well with Cloths. When it revives, one Drop of Spirit of Hartshorn may be given in a Spoonful of Water.

It frequently happens, that the Sutures of the Heads of Children are <sup>Openness of the Sutures.</sup> more

more open than ordinary. A good Compress, and moderate Bandage, will be of Service. If the Child take Cold, the Disorder is always increased; if it continue long, the Child seldom lives. Care must be taken to keep the Head warm.

Bearing  
down of  
the Fun-  
dament.

If the *Rectum* fall down, the Child is to be laid on its Belly, and the Intestine to be gently pressed up with warm Cloths. Emollient Fomentations are to be used, till it is replaced; after which Restringtons are to succeed, to prevent the Return. Fomentations prepared of the *Flor. Balaust. Cort. Granat. Flor. rosar. r. &c.* boiled in *Vin. rubr. & Aq. Font. aa. P. Æ.* will be of great Use.

Gripes.

Gripes are a very common Complaint in young Children, frequently



ly occasioned by the Retention of Part of the *Meconium*. In this Case, a little of the Syrup of Violets and Oil of sweet Almonds is to be given often. A Juniper Berry, with a little of the Liquorish Root boiled in its Victuals, is proper. If the Gripes be occasioned by sucking too large a Quantity of Milk, keep the Child from the Breast for some time, and give it the Syrup of Violets and Oil of Almonds. If this Disorder should be occasioned by the curdling of the Milk in the Stomach, the Testacea should be given freely, with a Dose of Rhubarb between whiles ; if from Worms, give the Powder of Rhubarb, mixed with a few Grains of Calomel, apply a Plaister of the *Emplast. Vermifug. Batean.* to the Belly ; and give on the intermediate Days of Purging, Powders of *Æth.*  
*Min-*

*Mineral. Coralin. ppt. Pulv. Stanni.*  
℞c. to be proportioned to the Age  
and Strength of the Child. If from  
Flatulencies, give a carminative  
Glyster, and mix a little of the  
Powder of Anniseeds in its Pap.

An In-  
flamma-  
tion of  
the Na-  
vel.

An Inflammation of the Navel  
may be occasioned by the String  
falling off too soon, which it seldom  
does under ten or twelve Days.  
The *Cerat. Epulot.* may be ap-  
plied.

A Protu-  
berance  
of the  
Navel.

A Protuberance of the Navel  
may be occasioned by leaving the  
String too long; it also often occa-  
sions an umbilical Rupture in Fe-  
males. Restraining Fomentations  
and Bandages are proper for the  
Cure.

It

It is common for young Children <sup>Inflam-</sup> to have Inflammations and Excoria- <sup>mations</sup> tions in different Parts of their <sup>and Ex-</sup> Body. The Acrimony of the <sup>coria-</sup> Urine frequently frets off the *Cutis* <sup>tions.</sup> from the lower Parts of their Body. The Parts should be washed with a little warm Water, to dissolve the acrimonious Salts lodged therein. It is common for Nurfes to apply Fuller's Earth, or Starch. If the Excoriation be much, it may be dress'd with the *Cerat. Epulotic.* and washed with a Solution or the *Pulv. é Cerrussa C. in Aq. Plantag.* or *Aq. Calcis.*

It is common for Children, in the <sup>Erup-</sup> third or fourth Month, to have little <sup>tions.</sup> red Eruptions, which are commonly called the *Red Gum.* This is a salutary Discharge, and is by no means to be discouraged by Evacua-  
tions,



tions, or external Applications. The Testacea are to be freely given, and the Child kept moderately warm.

*Thrush.* Children are frequently troubled with little ulcerous Eruptions in their Mouths, commonly called the *Thrush*. There is no Danger from this Disorder, unless the Fever be very high, and of long Continuance. The Testacea should be given, and the Eruptions touched with the following Mixture.

*R. Mel. Rosar. ℥i. Tinct. Myrrhæ S. ʒi. Spt. Vitriol. gt. 20. M. f. Mixtura.*

The Mouth should be often washed with some Gargarism, as,

*R. Aq. Plantag. ℥iii. Spt. Vitriol. gt. 20. Syr. de Mori. f. ℥i. M. f. Gargarisma.*

Now and then a gentle Purge is to be given.

Some-

( 173. )

Sometimes Children shall be born extremely yellow, especially if the Mother was afflicted with the Jaundice during her Pregnancy.

*R. Bezoar. Mineral. Pulv. Croci āā gr. i. Pulv. é Chel. C. C. gr. iii. M. f. Pulvis sumend. bis in Die in Cochlear. Parvul. Laet. Matris.*

If costive, give *Syr. Rosar. solutiv. cum Rheo.* If this Disorder be neglected, the Child generally falls into a watery Looseness, which commonly carries it off.

Young Children are subject to a *Diarrhœa*; and if it be moderate, <sup>*Diarrhœa.*</sup> is not to be immediately stopped; but if it be violent, and continues long, then astringent Medicines must take place: If it be attended with

with a Fever, there is Danger, if the *Diarrhœa* be violent.

R *Aq. Cinnam. S. ℥iv. Spirituos. ejusdem ℥ii.*  
*Coral. r. ppt. ʒiſs. Pulv. é Bolo. C. ſine opio*  
*ʒi. Syr. Alb. ℥i. M. f. Mixtura detur Coch-*  
*lear. Parvul. poſt ſingulas ſedes liquidas.*

R *Pulv. rad. Rhei. gr. iv. bis in 7mâ.*

Vomit-  
ing.

Vomiting is a common Symptom in young Children ; it frequently proceeds from too large a Quantity of the Milk being taken into the Stomach, or from the Milk's curdling in it. Give the Testacea freely, and now and then a Dose of the *Pulv. Rhei*. If the Vomiting continue very violent,

R *Aq. Menthæ S. ℥iv. Coral. r. ppt. ʒiſs. Sp.*  
*Lav. C. ʒß. Syr. Balsam. ʒiii. M. f. Mix-*  
*tura detur Cochlear. parvul. ſubinde.*

A



A Drop or two of *Liquid. Laudan.* may occasionally be added. A Plaister of the *Empl. Stomach. Magistral.* (rubbed over with *Ol. Macis per Expres.*) applied to the Stomach may be of Service.

The Bodies of Infants are so ten-Ruptures der, that any extraordinary Motion, as Vomiting, Coughing, or Crying, frequently occasions Ruptures. Emollient Fomentations are to be used till the Intestines are replaced, then Restringents are to succeed, and a proper Truss applied.

Children are subject to a convulsive <sup>Hooping</sup> Cough, commonly called a <sup>Cough.</sup> *Hoop-  
ing Cough*, because, when they cough, from the convulsive Motion, they make a Noise like Hooping. Bleeding is necessary; and if there be Occasion, should be repeated

peated. *Elixir. Asthmatic.* given in *Aq. Hyssop.* will be of great Service. The Testacea, with gentle Purges, are proper. Pectorals here are of little Use.

Startings

Children are sometimes troubled with Startings, which generally proceed from vitiated Milk. *Sem. Fœniculi* boiled in Sack-whey, will take off the Crudity of the Nurse's Milk, which is frequently the Cause of this Disorder. If it proceeds from Worms, then give the Medicines already directed for that Complaint.

Dis-  
charges  
from the  
Ears.

A Moisture or Discharge from the Ears of Children are generally salutary, and are by no means to be checked. When they abate, Purgatives may be given.

About the fifth or sixth Month<sup>Denti-</sup>  
 after the Birth, the Teeth begin to  
 rise and break through the *Peri-*  
*osteum*, which, from the violent  
 Pain, occasions grievous Symptoms.  
 The Pain is more violent in cutting  
 the *Dentes Canini*, and which ap-  
 pear a considerable Time before the  
*Molares*. This Pain is not occa-  
 sioned so much by the Teeth break-  
 ing through the Gums, as is gene-  
 rally imagined, but through the  
*Periosteum* itself, which Membrane  
 is extremely sensible, and some-  
 times is thicker than ordinary. The  
 Pain always occasions a symptomati-  
 cal Fever, and often flings the Child  
 into Convulsions. Blistering here  
 is of no Service. After the Fit,  
 Bleeding, either by the Arm, or  
 with Leeches, may be necessary.  
 During the Fits the following may  
 be given.

N.

R. Aq.



℞ Aq. Rutæ ℥v. Tinct. Castor. russ. ʒss.  
 Pulv. ad Guttetam. ʒi. Rad. Valerian Syl-  
 vestr. ʒss. Syr. Pæon. C. ʒvi. M. f. Mix-  
 tura Cochlear. Parvul. sumend. subinde.

A Drop or two of Laudanum may be given now and then, to mitigate the Pain. The best Method of all to relieve the Child is, by cutting through the Gum and *Periosteum* to the Tooth, as soon as the Symptom appears; by which it may be known where the Tooth is, and that is when a white Speck appears, or the Gums are much spread and inflamed. There can be no Danger to the Child from this Operation, but, on the contrary, many have died for Want of it.

The Rickets is a Disorder which affects the Bones of Children, and  
 causes

causes a Protuberance or Distortion in them. It produces sometimes a *Spina Ventosa*.

This Disease may be hereditary, from the viscid or acrimonious State of the Juices of either of its Parents.

The Child is generally much emaciated, though florid in Countenance; it loses the Use of its Legs, tho' it walked very well before. It generally comes between the sixth Month and the third Year. Alterative Medicines, as the *Æthiops Mineral. Mercur. Alcalifat.* in Decoctions of the Woods, Purges of Rhubarb, Friction, Immersion in cold Water, Exercise, &c. are necessary.

The

( 180 )

The following Liniment may be  
used with Advantage.

*R Ung. Nervin. Ol. Palmæ āā ʒi. Bals. Peru-  
vian. Ol. Macis per Expres. āā ʒi. Spt. Lav.  
C. ʒii. Ol. Succini qt. 20 Sp. Salis Armo-  
niac. ʒii. M. f. Liniment. cum quo partes  
affectæ inungantur cum calidâ Manû, bis vel  
ter in Die.*

---

## ERRATA.

P. 37. l. 18. for *Jerr.* r. *Terr.* P. 38. l. 5. for *Cinnamou.* r.  
*Cinnamom.* P. 45. l. 13. for *Mentb.* r. *Mentb.* P. 46 l. 8. *Bolus*  
omitted. P. 79. l. 17. for *backwards* r. *forwards.* P. 80. l. 19.  
for *Infant* r. *Infant.* P. 119. l. 11. for *be r. be.* P. 172. l. 18.  
for *Meri.* f. r. *Meris.*



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